

ESF 8 HAZARD ANNEX

# Isolation and Quarantine Response Plan

Version 3, March 2012

**Record of Changes**

Version No.	Change Description	Date Entered	Posted By
2	Revised plan to reflect new legal protocols and integration with Public Health incident command structure	March 2006	A. Eiden, Response Planner and Legal Advisor, PHSKC
3	Revisions to improve consistency with current ESF 8 plan	February 2010	A. Jaffe-Doty Response Planner PHSKC
4	Revisions to reflect Contact Center involvement and other minor details.	March 2012	A. Kolberg Preparedness Planner PHSKC

## Isolation and Quarantine in Public Health – Seattle & King County

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## Isolation and Quarantine in King County

### I. Introduction

Ongoing threats of bioterrorism events, communicable disease outbreaks and pandemic influenza necessitate periodic review and updating of public health isolation and quarantine measures to prevent community transmission of infectious agents. Isolation means the separation of infected persons to prevent transmission to others during the period of communicability. Quarantine means the separation or limitation of freedom of movement of well persons who are suspected to have been exposed to an infectious agent to allow cases that may develop to be promptly identified, isolated and treated, therefore minimizing risk for community transmission. Quarantine duration is based upon the incubation period of the infectious agent. In both isolation and quarantine scenarios, persons caring for infectious or potentially infectious individuals must take precautions to minimize their risk of infection.

This plan defines roles and responsibilities for operationalizing isolation and quarantine plans in the event of a severe outbreak of a communicable disease. It is based on the experience of public health officials, and will serve as a template for outbreak situations of varying magnitude. It also assumes that the clinical aspect of operations will be managed according to the protocols employed by the Communicable Disease and Epidemiology and Tuberculosis Sections.

#### A. Organizational Roles

1. Lead:

- Public Health Seattle & King County

2. Primary Agencies:

- King County Prosecuting Attorney Office
- Local Law Enforcement Agencies
- Public and Private Emergency Medical Services Providers
- Healthcare Facilities in King County

3. Support Agencies:

- Local Government
  - King County Department of Community and Human Services
  - King County Department of Adult and Juvenile Detention
  - King County Department of Transportation, Metro Transit Division
  - Local Emergency Management
- State Government
  - Washington State Department of Health
  - Department of Social and Human Services
- Federal Government
  - Centers for Disease Control and Prevention
  - CDC Division of Global Migration and Quarantine
- Health and Medical
  - King County hospitals

## **II. Purpose**

The Isolation and Quarantine Plan for King County (the Plan) provides guidance and structure to Public Health – Seattle and King County (PHSKC) and regional partners regarding initiation, continuance and release from those activities. The Plan describes the circumstances, authority and events that may necessitate specific leadership decisions, response actions, and communications mechanisms. Specifically, the purpose of the plan is to:

1. Establish the decision-making criteria used by the Local Health Officer to determine when isolation and/or quarantine beyond the capacities of day-to-day communicable disease practices are necessary to minimize health impacts of a disease outbreak.
2. Describe procedures and decision trees for accomplishing isolation and quarantine, both voluntary and involuntary, for a single infectious case up to a large outbreak situation.
3. Describe specific procedures for supporting home-based isolation and quarantine of small and large numbers of individuals in three defined regions of the county.
4. Describe procedures for staffing and provisioning a dedicated facility for isolation and quarantine of persons who cannot stay at their homes or who do not have a suitable home environment. (N.B. No procedures yet for a dedicated facility.)
5. Define roles and responsibilities for PHSKC, local health care partners, and local response agencies during an outbreak event requiring isolation and/or quarantine.
6. Describe how communications and coordination will occur between PHSKC, local and state entities during such an event.
7. Assist PHSKC and response partners with limiting the spread of infectious diseases, illness and death.
8. Provide direction for communication with the isolated and quarantined individuals, the public in general and the media.

The Plan is coordinated with other PHSKC preparedness plans and activities, and will be coordinated with the plans of community, state and federal partners.

## **III. Scope**

The Plan is an annex to Emergency Support Function 8-Health, Medical and Mortuary Services of the Regional Disaster Plan. Emergency Support Function 8 and its annexes are referenced in the Plan as they provide a broad description of the responsibilities, authorities, and actions associated with public health emergencies.

The Plan primarily focuses on the roles, responsibilities, and activities of PHSKC as well as partners providing non-health services in support of isolation and quarantine. Additionally, specific responsibilities for key response partners are included to highlight points of coordination between agencies during situations involving isolation and quarantine.

This Plan applies to:

- All disease outbreak emergencies requiring isolation and quarantine implementation, coordination and/or management beyond the capacities of routine PHSKC operations.
- PHSKC and partner agencies with whom there are established contracts, memoranda of agreement or procedures for disease outbreak events.
- Persons in King County either infected with or exposed or potentially exposed to the infectious agent in question.

#### **A. Continuum of Isolation and Quarantine**

Isolation and quarantine are two of a number of measures used to stop or slow the spread of communicable disease. They may be applied to individuals and to groups, on a voluntary or involuntary basis.

The Centers for Disease Control and Prevention have developed guidelines and definitions for social distancing practices in conjunction with SARS or pandemic influenza. These measures range from passive monitoring to widespread quarantine, and include the following (as defined by HHS):

1. Passive monitoring: The subject of the isolation or quarantine performs self-assessments at least twice daily and is directed to contact PHSKC immediately if symptoms occur.
2. Active monitoring without explicit activity restriction: A PHSKC staff member evaluates the subject of the isolation or quarantine on a daily basis (or more often if needed) by phone or in person for signs and symptoms.
3. Active monitoring with activity restriction: The subject is separated from others for a certain period of time depending on the suspected illness. During that time the subject is evaluated in person on a daily basis. The subject is restricted voluntarily or involuntarily, in their home or another appropriate facility.
4. Working quarantine: Staff members are allowed to work but are on activity restriction when not on duty. They are monitored for symptoms before reporting for work, and must use appropriate PPE while working.
5. Focused measures to increase social distance: Interventions targeted at specific groups who may have been exposed (for example, workers in a building) meant to decrease interactions and transmissions.
6. Community-wide measures to increase social distance: This is applied to the whole region or community. Think ‘snow day.’
7. Widespread community quarantine, including “Cordon Sanitaire”: This is a legally enforceable quarantine of a large area.

This Plan addresses the Public Health response to the first four items above, regarding isolation and/or quarantine. The PHSKC Pandemic Influenza Functional Annex addresses items five and six. Item seven does not fall under the purview of this Plan or the Pandemic Influenza Functional Annex.

#### **IV. Planning Assumptions**

This Plan applies to communicable disease events requiring isolation and quarantine that may exceed day-to-day Department capabilities. While isolation (and to a lesser extent, quarantine), are techniques used in the everyday management of certain routinely occurring infectious disease, this plan does not apply to:

- Routine tuberculosis program control
- Routine operation of Communicable Disease Epidemiology and Immunization Section (CD-Epi)

Throughout the plan, reference will be made to CD-Epi, as it is anticipated that the events most likely to warrant the activation of this plan will require that Section's expertise. It is important to note that this plan also applies to TB outbreaks of a size beyond the daily capabilities of the TB unit, and that there may be special legal requirements for TB that differ from other disease outbreaks.

Development of the isolation and quarantine plan for PHSKC assumes the following:

1. PHSKC may utilize isolation and quarantine as one of several tools to reduce the spread of communicable diseases.
2. Isolation and quarantine planning efforts must incorporate and address the unique needs and circumstances of vulnerable populations that are economically disadvantaged, homeless, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), have special medical needs, experience cultural or geographic isolation, or are vulnerable due to age, as well as those of incarcerated persons.
3. The ability of PHSKC to implement this Plan is based not only on the number of people and type of disease suspected, but on the distribution of individuals throughout the county. There is a difference in supporting a small number of households and a large number of households, even if the total number of people affected may be the same.
4. All policies and procedures to assure the care of protected health information (PHI) apply. Policies and procedures recognize that PHSKC may make necessary disclosures to protect public health.
5. Isolation and quarantine planning will incorporate the Emergency Planning Zones developed and included in the Regional Disaster Plan.
6. Isolation and quarantine may be necessary for residents of other counties who are diagnosed while in King County. PHSKC will coordinate with neighboring counties to discuss their plans, but is not responsible for planning or execution of isolation and quarantine efforts beyond county lines.
7. Large scale isolation and quarantine events will require the participation of many public health resources, including workforce resources, as well as coordination with multiple community, health care and first responder agencies.

8. Large scale isolation and quarantine events will also require the participation of the Washington State Department of Health, especially with respect to identification of facilities and resources.
9. PHSKC will prioritize gaining voluntary compliance from ill or exposed persons and implementing the least restrictive means possible to reduce the spread of infection.
10. PHSKC will coordinate closely with health care providers and health care facilities to assist with achieving voluntary compliance of ill or exposed persons.
11. An effective public communication program is essential to achieving voluntary compliance with all disease control strategies in large-scale events.
12. Isolation and quarantine may require the involuntary detention of individuals who may pose a threat to the public's health and do not cooperate with orders from the Local Health Officer.
13. An individual's cooperation with voluntary isolation or quarantine will be assumed in good faith unless there is evidence to the contrary; however, PHSKC will still check in with individuals to conduct symptom checks. Depending on the event, information collected by PHSKC during monitoring may be used as evidence of non-cooperation.
14. Persons in King County who are isolated or placed under quarantine will be supported by partners to the extent possible through means such as provision of temporary financial assistance, food and other necessities.
15. PHSKC will to the extent possible protect against stigmatization or unwarranted disclosure of private information, and will support placement in an appropriate facility if the home environment is unsuitable to I&Q,
16. PHSKC (via the Public Health Duty Officer) has the capability to activate this plan 24 hours a day, 7 days a week.
17. An event triggering activation of the Plan is also likely to involve mobilization of other public health emergency response capabilities. Consequently, access to resources (including workforce resources) may be limited.
18. PHSKC commits to carry out a transparent process for the development and implementation of isolation and quarantine, and seeks public engagement and involvement to improve the quality of the Plan.

## **V. Concept of Operations**

### **A. Activating the Plan**

- This plan will be activated when the day-to-day resources and plans are insufficient to address the isolation and quarantine needs of the community.



- The Local Health Officer, in consultation with the relevant section chiefs and Health and Medical Area Command, will determine which components of the plan must be activated.
- The chiefs of the Communicable Disease, Epidemiology and Immunization, Tuberculosis and Jail Health sections will recommend to the Local Health Officer the need for isolation and/or quarantine as strategies to control a communicable disease outbreak.
- The Local Health Officer will authorize the use of isolation and/or quarantine as strategies to control a communicable disease outbreak based on the advice of the Chief of the Communicable Disease, Epidemiology and Immunization Section.
- The Local Health Officer will activate the Public Health HMAC and identify an Incident Commander.
- The Incident Commander, Epidemiology Investigations Team, Operations Section, and Logistics Section will support the Chief of Communicable Disease Control in determining the most appropriate location for isolation and quarantine, which could include the subject's home or a separate facility.
- PHSKC will seek voluntary compliance with requests for isolation or quarantine, unless the Chief of Communicable Disease Control advises the Local Health Officer that the following conditions are present, making it necessary to immediately initiate involuntary detention for the purposes of isolation or quarantine:
  - There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and
  - There is a reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not isolated or quarantined; and
  - Seeking voluntary compliance would create a risk of serious harm.
- Public Health Area Commander will activate the Bio-surveillance Group of the Public Health Area Command Clinical Branch to monitor and support the needs of isolated and quarantined persons. The Public Information Contact Center (PICC) will also be activated to manage the direct contact with isolated and quarantined individuals.

## **B. Command and Control**

- PHSKC will be the lead agency in coordinating the local health and medical response to an outbreak situation requiring isolation or quarantine of individuals or groups.
- PHSKC and all response partners will operate under the Incident Command System throughout the duration of the isolation and quarantine event response.

- PHSKC may activate the Health and Medical Area Command Center (HMAC) to coordinate the county-wide public health and medical response during an outbreak situation.
- King County, Seattle, and other cities in the county may activate their EOCs during an outbreak to coordinate consequence response.
- PHSKC will respond under the auspices of this plan as well as the Department Emergency Operations Plan, Emergency Support Function 8 (Health, Medical, and Mortuary Services) and the Regional Disaster Plan.

### **C. Health Worker Protection**

Those tasked with implementing this plan by interacting directly with individuals or groups who are suspected of being infected or exposed face potential exposure to the disease themselves. In order to protect these workers, PHSKC will provide them with Personal Protective Equipment (PPE), which may include eye, face, head and hand protection, depending on the response. Staff members who may need to use PPE will be trained by their respective agencies in advance of the implementation of this plan.

### **D. Compliance**

It is assumed that most of those who are requested to remain isolated or in quarantine will be compliant and follow the instructions of PHSKC. However, it is understood that there will be instances when people choose not to comply with PHSKC directives.

#### **Initiation of Requests for Voluntary Compliance with Isolation or Quarantine**

The Epidemiology Investigations Team will take the lead on the following activities. If capacity of the Epidemiology Investigations Team is or is expected to be exceeded, assistance will be requested from the isolation and quarantine operations branch for conducting communication, requests for voluntary compliance, and associated data entry and administrative tasks.

- Initiate contact with the individual or group suspected of being infected or exposed.
- Determine whether interpretation services are needed to facilitate communication; if so, coordinate with interpreter services or the Clinical Operations Team, as needed.
- Enter cases and contact(s) in a database and document information related to cases including dates and times of all verbal and written communications.
- Verbally communicate the following information to the infected or exposed individual or group:
  - Explain the circumstances regarding the infection or exposure, the nature and characteristics of the illness, and the potential for and means of spread of infection to others. (Provide written material when available.)
  - Request that the individual or group isolate or quarantine themselves.

- If necessary, explain that the Local Health Officer has authority to issue an emergency detention order or petition the court *ex parte* for an order authorizing involuntary detention if the individual or group does not comply with the request for isolation or quarantine.
- If an individual is a patient in a hospital, make contact with hospital staff as well as the patient to ensure hospital-based isolation and appropriate infection control measures are practiced, if indicated.
- Complete a written request for voluntary compliance with isolation or quarantine instructions, including the location and dates of isolation or quarantine, suspected disease, medical basis for isolation or quarantine, and relevant patient information. Provide copies to the Bio Surveillance Group and the Prosecuting Attorney's Office.
- Make reasonable efforts to obtain cooperation and compliance with the request for isolation or quarantine from person(s) so requested. Document efforts on a standardized form and enter into a database.
- Alert the Local Health Officer and the Prosecuting Attorney's Office about situations where a person or group indicates unwillingness to comply.
- Recommend to the Local Health Officer whether involuntary detention should be initiated.

#### Involuntary Detention for Purposes of Isolation or Quarantine

- If the number of individuals who are non-compliant is small enough, PHSKC may look to work with King County Community Corrections to detain people at home using electronic monitoring, as opposed to detaining them within jail facilities.
- The Local Health Officer may authorize initiation of involuntary detention for purposes of isolation or quarantine under the following conditions:
  - There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and
  - There is reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine; and
  - PHSKC has made reasonable efforts, which have been documented, to obtain cooperation and compliance from the individual or group with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, or inspection and closure of facilities, or the Local Health Officer has determined based on advice from the Chief of Communicable Disease Control that seeking voluntary compliance would create a risk of serious harm.

- If the above conditions are met, the Local Health Officer may initiate involuntary detention for up to 10 days by taking one or both of the following actions:
  - The Local Health Officer may issue an emergency detention order pursuant to WAC 246-100-040(3). If immediate detention of an individual or group is ordered verbally, the Local Health Officer will issue a written order as soon as reasonably possible and in all cases within 12 hours of the detention. The duration of the emergency detention order may not exceed 10 days. A person or group detained by a Local Health Officer order may apply to the court for relief.
  - Alternatively or simultaneously, the Local Health Officer may initiate through the Prosecuting Attorney's Office a petition to the Superior Court *ex parte* for an order authorizing involuntary detention pursuant to WAC 246-100-040(4). In order to grant the petition, the court must have a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others. The duration of the court order may not exceed 10 days. If an *ex parte* order is issued, a court hearing may occur within 72 hours, excluding Saturdays, Sundays, and holidays, even if the *ex parte* order is for 10 days of detention.
  - In cases of TB that exceed the TB Control Section's capabilities, other legal guidelines will be followed per the statutory requirements directly related to TB. The TB Control Section and Prosecuting Attorney's Office will be consulted as needed to confirm and meet those guidelines.
- The Local Health Officer may petition the Superior Court for an order authorizing continued detention for up to 30 days following the initial 10-day detention, pursuant to WAC 246-100-040(5). In order to grant the petition, the court must find clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others. If necessary, the Local Health Officer may petition the Superior Court for one additional 30-day period of detention, pursuant to WAC 246-100-040(6). A court hearing shall occur prior to an order for 30-day detention, although the Local Health Officer may seek a 10-day continuance of the hearing for good cause.
- The Local Health Officer's decisions to petition the Superior Court for initial and continued detention will be based on the recommendations of the Chief of Communicable Disease Control.
- The Prosecuting Attorney's Office (PAO) will represent the Local Health Officer in court proceedings for involuntary detention.
- The Preparedness Section will coordinate with and brief law enforcement officials for the jurisdiction(s) in which emergency detention orders or court orders will be served. If necessary, the Prosecuting Attorney's Office will request law enforcement support for enforcement of detention orders.

- PHSKC will provide technical information to law enforcement regarding the nature of the illness and appropriate protective actions and equipment to be used during enforcement of orders.
- The Incident Commander, Chief of Communicable Disease Control, PAO, and Logistics Section will resolve issues related to locations for detained persons. Detentions will occur in the least restrictive settings possible that do not endanger the public health.

#### **E. Monitoring**

In order to manage the monitoring of cases, the Preparedness Section will activate the Isolation and Quarantine Unit of the Bio-surveillance Group in consultation with the Local Health Officer, or designee, and will provide health and medical support to the Communicable Disease Section via regular monitoring calls while coordinating the work of the partner organizations providing non-medical wraparound services. In collaboration with the PICC the I & Q Unit will:

- Coordinate with the Epidemiology Investigations Team regarding the issuance of requests for voluntary compliance with isolation or quarantine instructions.
- Coordinate with the Prosecuting Attorney's Office regarding compliance with involuntary detention orders.
- Contact the individual(s) requiring isolation or quarantine to evaluate the suitability of their residence for isolation or quarantine; determine whether evaluation can be implemented using a telephone questionnaire or if an in-person review is necessary.
- Secure personnel to immediately deliver an information packet to the individual placed in isolation or quarantine. Personnel options include PHSKC employees, members of the Public Health Reserve Corps (PHRC), or contracted personnel. The unit will provide appropriate instructions and training, if needed, regarding the packet contents, Public Health expectations, and infection control measures [note: patients isolated within health care facilities may only require an information packet; the health care facility may address training needs and infection control issues for the patient].
- Evaluate the suitability of residences and initiate regular monitoring.
- Provide the Epidemiology Investigations Team with regular situation updates regarding each individual's status, using evaluations prepared by the relevant disease experts in the Communicable Disease and Epidemiology or Tuberculosis sections.
- Provide support for contact investigations, as requested by the Epidemiology Investigations Team and as resources allow.

- Support the needs of isolated and quarantined persons via contracted partner agencies.
- Depending on the size and type of the affected population, PHSKC may activate the PICC to augment the Communicable Disease Section in monitoring patient needs. The PICC may:
  - Develop a schedule of check-in calls for each individual or group under isolation or quarantine
  - Verify that the individual(s) are at a specified location and monitor their health status.
  - Continue conducting regular check-in calls with each individual until they are released from isolation or quarantine [See PICC Guide for I & Q Response].
  - Record information gathered during check-in calls on a standardized form and enter information into a database.
  - Respond to irregularities such as changes in health status and failure to respond to call(s) [e.g., request law enforcement or Public Health staff drive by; make contact with the individual's health care provider, personal contacts or employer, etc.].
    - If repeated attempts to locate individuals subject to isolation or quarantine, including telephone calls and site visits, are unsuccessful, the PICC will coordinate with the Public Health Area Commander, Prosecuting Attorney's Office, and the Chief of Communicable Disease Control regarding the need to pursue involuntary detention.
  - Detailed directions and necessary forms are located in the PICC Guide for I & Q Response.

#### **F. Access to Housing**

It is assumed that in most instances those who need to be isolated or quarantined will be accommodated within their own homes. However, PHSKC recognizes that some instances of disease outbreak or suspected infection will affect individuals or groups who do not have access to housing. This may include members of the homeless community as well as visitors to the area who are no longer able to stay in their hotels or with the friends and family who were accommodating their visit.

- If one or two individuals needs to be isolated or quarantined but does not have adequate housing, PHSKC will utilize existing hotel resources to accommodate the individuals. If hotel resources are not available, PHSKC will coordinate with Washington State DOH and local hospitals to develop appropriate housing options.
- If many members of the homeless community require isolation or quarantine, PHSKC will work with local shelters to designate one shelter to accommodate only those individuals [See Influenza Recovery Center for Homeless Persons, Attachment 10 of Pandemic Influenza Response Plan].

- If a large group of people (e.g. tourists visiting Seattle) require isolation or quarantine, PHSKC will work with Washington State Department of Health to determine where such a group could be accommodated for an extended period of time.

### **G. Access to Services**

The Isolation and Quarantine Plan works under the main assumption that, as stated above, most people who need to be isolated or quarantined will be able to stay in their own home. However, even in those instances there may be situations where those people will still need additional wraparound support services, such as food, water, clothing, shelter, means of communication, services related to cultural and religious beliefs, services related to medical needs, and, if involuntary detention is initiated, legal representation. The direct provision of such services is outside the mission of PHSKC, necessitating the contracting with human services agencies and community based organizations to provide these services, which may include meal or grocery delivery, provision of medications, housing and utility assistance, assistance with childcare, and accommodations related to cultural and religious customs. If involuntary detention is initiated, a person or group of persons has a right to be represented by legal counsel. PHSKC will provide adequate means of communication between such persons or groups and their counsel.

As part of the work of the PICC, those conducting regular monitoring calls will also engage the individual to determine whether he or she has any medical or non-medical needs. If that is the case, PICC staff members will document all requests for assistance from isolated or quarantined persons on a standardized form. The documentation will include the nature and specific type of assistance requested, and the date and time the request was made.

When assistance is requested, the PICC operator will forward the requests to the appropriate unit or section. Medical requests related to the disease in question will be addressed by the I & Q Group. Medical requests not related to the disease in question may be referred to other PHSKC staff or to the individual's healthcare provider.

Non-medical requests will be directed to the Logistics Section of HMAC to allow them to fulfill such requests. The Logistics Section will document the organization to which the request was assigned (i.e. American Red Cross, local human services agency, health care provider, public health nurse), including a contact name and phone number and will follow up with referral agencies on requests for assistance.

### **H. Release from Isolation or Quarantine**

- The Local Health Officer, in consultation with the advice of the Medical Advisor, will determine whether to release an individual or group from isolation or quarantine when isolation or quarantine is no longer necessary as a strategy to control communicable disease, applying the following criteria:

- The individual is no longer suspected to be infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent; or
- The individual is no longer deemed to pose a serious and imminent risk to the health and safety of others if released from isolation or quarantine.
- If release of a detained person is authorized before the expiration of a detention order, the Legal Team will coordinate with the PAO the activities necessary to accomplish release.
- The PICC will:
  - Initiate direct contact with the individual or group to be released from isolation or quarantine and communicate the date and time of their release.
  - Notify the partner agencies and human services provider, as needed.
  - Verbally communicate to the individual or group that they are released from isolation or quarantine.
  - Follow up verbal contact by immediately delivering written notification to the individual or group specifying the reasons for their release from isolation or quarantine (may be delivered in person or by mail).
  - Document on a standardized form and enter into a database the dates and times that individuals were notified verbally and in writing of their release from isolation or quarantine.
  - Coordinate with the Epidemiology Investigations Team to cease regular monitoring.
  - Coordinate with hospital discharge planners or jail health clinical staff to provide PHSKC with appropriate and timely notice regarding the discharge of isolated patients. PHSKC must be contacted before discharge to ensure treatment and/or isolation can continue in an appropriate setting.
  - Ensure that patients being discharged from healthcare facilities are aware of any continuing requirements of isolation and appropriate infection control measures.

## **I. Demobilization**

When HMAC Area Commander, in consultation with the Epidemiology Investigations Team, determines that the need for I & Q at this expanded level has passed, the decision will be made to shut down HMAC and transfer any outstanding cases back to CD-Epi.

### **Triggers**

1. If the number of households isolated or quarantined drops to a level comparable to that normally managed by CD-Epi; or
2. If the danger has passed (e.g. a threat that was expected to materialize no longer does)

The HMAC Area Commander and CD-Epi lead will notify staff when I & Q operations are set to demobilize. At that time:

- Final contact data is collected.
- Final reports are made by the appropriate staff.



- Staff submit comments to Section Chiefs for discussion and possible inclusion in an after-action report
- Technology is shut down, all staff log out; supplies and equipment are inventoried and stored.
- Rooms are secured and keys returned to the appropriate locations.
- A debriefing is scheduled.

## **J. Communications**

- PHSKC will serve as the lead agency in King County for risk communications messaging and public education. All jurisdictions in King County will coordinate with PHSKC to ensure consistency of communications and education messaging regarding the need for I&Q.
- The PHSKC Communications Section will:
  - Assess and respond to the information needs of health care providers and other ESF 8 partners.
  - Assess and respond to the information needs of the general public.
  - Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
  - Intensify public education efforts about the hazard, and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts. Such materials will be translated in accordance with King county policy.
  - Coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials.
  - Develop and translate materials as needed for those in quarantine and their family members.
  - Coordinate operations with the King County Joint Information Center, if activated.
  - To the extent possible, protect the identity of the individuals.

## **K. Facility and Staff Identification**

- As discussed above, the goal is to keep individuals in their own homes whenever possible. However, at times it may be necessary to provide housing while these

individuals are isolated or quarantined. PHSKC will coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to identify housing.

- For large outbreaks that immediately exceed PHSKC's capacity (i.e. a plane arrive at SeaTac Airport with hundreds of passengers requiring quarantine), Washington State DOH will be responsible for securing facilities and staff.

## **VI. Responsibilities**

### **A. Lead: Public Health – Seattle & King County**

1. Public Health Seattle & King County
  - Lead agency in the management of a communicable disease outbreak.
  - The Local Health Officer will assess the public health threat, evaluate potential consequences based on established criteria, and determine whether isolation and/or quarantine are necessary in any given outbreak situation.
  - The Local Health Officer may initiate the isolation or quarantine of individuals as a protective action to limit the spread of infectious agents or contaminants to others.
  - Under specific circumstances, Public Health may immediately order or seek a court order to detain infected or exposed individuals and place them in isolation or quarantine.
  - In all cases where I&Q is considered, PHSKC will address the basic needs of individuals placed in I&Q including but not limited to food, clothing, shelter, medical care, communication with family members, legal counsel (if involuntary detention is initiated), and others, if needed.
  - PHSKC will be the lead clinical and administrative manager of any non-hospital isolation or quarantine facilities that are established.
  - Identify an appropriate placement for individuals who are isolated or quarantined, if they cannot stay at their homes or do not have a suitable home environment, and arrange transportation to the designated facility.
2. Communicable Diseases – Epidemiology
  - Provide direction to HMAC and Bio-surveillance Group as to the specific isolation and quarantine needs of the individuals.
  - Provide staff to support the Bio-surveillance Group and PICC as needed.
3. Tuberculosis Control Program
  - Provide support to the Bio-surveillance Group based on past case management experience.
  - Provide staff to support Bio-surveillance Group and PICC as needed.
  - Provide housing options as appropriate and available
4. Preparedness
  - Establish HMAC to coordinate response.
  - Provide staff to support Bio-surveillance Group and PICC as needed.
5. Communication

- Provide materials in necessary languages.
- Address public concerns via the media.
- Coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials.

6. EMS

- Provide transportation of infectious individuals through coordination with PHSKC

**B. Primary Agencies:**

1. King County Prosecuting Attorney's Office

- Petition the court ex parte to authorize involuntary detention, once need is determined by the Local Health Officer.
- Represent Public Health in any petition or appeal hearings required to carry out involuntary isolation or quarantine.
- Coordinate with Public Health and Local Law Enforcement to serve notice related to involuntary isolation or quarantine.

2. Local Law Enforcement

- Assist with service of notice related to involuntary isolation or quarantine, if needed.
- Provide escort for individuals requiring transportation for purposes of involuntary isolation or quarantine, if needed
- Execute arrest warrants related to I & Q cases, if needed.

3. Private EMS

- Provide transportation of infectious individuals through coordination with PHSKC.

4. Human Service Provider

- Provide access to mental health and other psychological and spiritual support. Coordinate with King County Department of Community and Human Services and local specialty providers including faith-based organizations, if needed.
- Arrange transportation with Access/Hopelink if needed to provide isolated or quarantined individuals with access to medical treatment or other critical services.
- Coordinate access to telephone services for individuals who are isolated or quarantined, if needed.
- Coordinate with other local community-based organizations or public utilities to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined.
- Coordinate with other local human service providers to provide social amenities, as possible (television, radio, Internet access, and reading materials).
- Coordinate with other local community-based organizations, other human service providers, and local businesses to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
- Coordinate with education providers for continued education of children who are isolated or quarantined.

### C. Support agencies:

- State Government
  - Coordinate with Department of Social and Human Services and local sources to provide temporary financial assistance for persons isolated or quarantined, if needed.
  - Coordinate with PHSKC to provide surge support for events that exceed local capacity or when events affect multiple jurisdictions.
  - Resource requests will follow established procedure and procurement processes and will be routed through the Washington State Department of Health duty officer at 360-971-0601.
- Federal Government
  - Coordinate with Washington State Department of Health when an event occurs at the Port or jurisdiction exceeds local and state resources.
- Health and Medical
  - King County hospitals
  - Mental Health Providers

## VII. Authorities

### Overview

Under Washington State laws and regulations, the Local Health Officer has authority to take action to control diseases that are threats to public health. RCW 70.05.070(3); WAC 246-100-036; WAC 246-101-505. Typically, persons who have been infected with or exposed to a communicable disease voluntarily comply with the Local Health Officer's instructions. If necessary, however, the Local Health Officer may initiate involuntary detention for purposes of isolation and/or quarantine. WAC 246-100-040.

State laws and rules do not contain procedures governing Local Health Officers' activities to achieve voluntary compliance with instructions for isolation and/or quarantine. However, the Local Health Officer must follow specific procedures when initiating involuntary detention for purposes of isolation and/or quarantine. WAC 246-100-040.

### Implementation

- A. In accordance with WAC 246-100-040(1), the Local Health Officer or designee, at his or her sole discretion, may initiate involuntary detention for purposes of isolation or quarantine if he or she:
  1. Has first made reasonable efforts to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities, **or** determined that seeking voluntary compliance would create a risk of serious harm; **and**

2. Has reason to believe that the person or group:
  - a. Is suspected to be, infected with, exposed to, or contaminated with a communicable disease or agent that could spread to or contaminate others if remedial action is not taken; **and**
  - b. would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

B. If the Local Health Officer decides to initiate involuntary detention for purposes of isolation or quarantine, he or she may:

1. Issue an emergency detention order causing an individual or group to be immediately detained for up to 10 days for purposes of isolation or quarantine in accordance with WAC 246-100-040 Subsection (3);

**Or**

2. Petition the superior court *ex parte* for an order to detain the individual or group for up to 10 days for purposes of isolation or quarantine in accordance with WAC 246-100-040 Subsection (4).

C. If the Local Health Officer or designee determines that continued detention is necessary beyond the 10-day period of an emergency detention order or a court order *ex parte*, he or she may petition the superior court for an order authorizing continued detention for up to 30 days for purposes of isolation or quarantine in accordance with WAC 246-100-040(5), and up to another 30 days in accordance with WAC 246-100-040(6).

### Provision of Services

Per 246-100-045, the Local Health Officer must adhere to certain conditions and principles related to involuntary isolation and quarantine. These conditions, which this plan has sought to address, include:

- Least restrictive means of isolation and quarantine;
- Separation of isolated and quarantined individuals from each other;
- Regular monitoring of isolated and quarantined individuals;
- If quarantined individual becomes ill, Local Health Officer will isolate him or her;
- Isolated or quarantined individuals must be released as soon as practicable;
- Needs of the isolated or quarantined individuals will be addressed, including: 'adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication, and competent medical care';
- Locations of isolations and quarantines must be safe and hygienic;
- Cultural and religious beliefs will be accommodated to the extent possible; and

- Isolated and quarantined individuals will be able to use prayer as their sole means of treatment if desired.

### **VIII. References**

Regional Disaster Plan

Emergency Support Function 8 - Health, Medical, and Mortuary Services

PHSKC Department Emergency Operations Plan

Centers for Disease Control, Social Distancing Guidelines

Communicable Disease Epidemiology and Immunization Section Operating Procedures

Port Plan (name to be verified)

Tuberculosis Control Response Plan

### **IX. Public Health Emergency Preparedness Capabilities**

Non-Pharmaceutical Interventions

Public Health Surveillance and Epidemiological Investigation

## **Public Health – Seattle & King County Isolation and Quarantine Legal Team**

### **Purpose of Team**

Under the direction of the Prosecuting Attorney's Office (PAO), supports the legal process for involuntary measures for purposes of isolation and quarantine for communicable diseases.

### **Functions**

#### **1. Prepare Public Health paperwork**

- Prepare draft affidavits and/or declarations from Disease Control Officer and/or Local Health Officer
- Coordinate review/signature by Disease Control Officer and/or Local Health Officer
- Provide originals to PAO

#### **2. Coordinate with PHSKC-Law Enforcement Team, as needed**

- Alert PHSKC-Law Enforcement Team Lead to situation; provide information as needed if law enforcement support is required

#### **3. Support delivery of notice to client**

- Ensure with PAO arrangements for delivery of notice for initial detention

#### **4. Track review dates**

- Anticipate internal decisions and paperwork needed for court review of continued detention; assist PAO with obtaining needed information

#### **5. Support Public Information Office readiness for media inquiries**

- Provide case information to Public Information Office, as needed

### **Team Size**

- Total of four persons: One Team Lead + Three Team Members
  - Team Lead will serve as point of contact for new issues that affect process
  - Team Lead can handle single detentions
  - Additional persons need to be trained for back-up to Team Lead and for surge capacity for multiple detentions

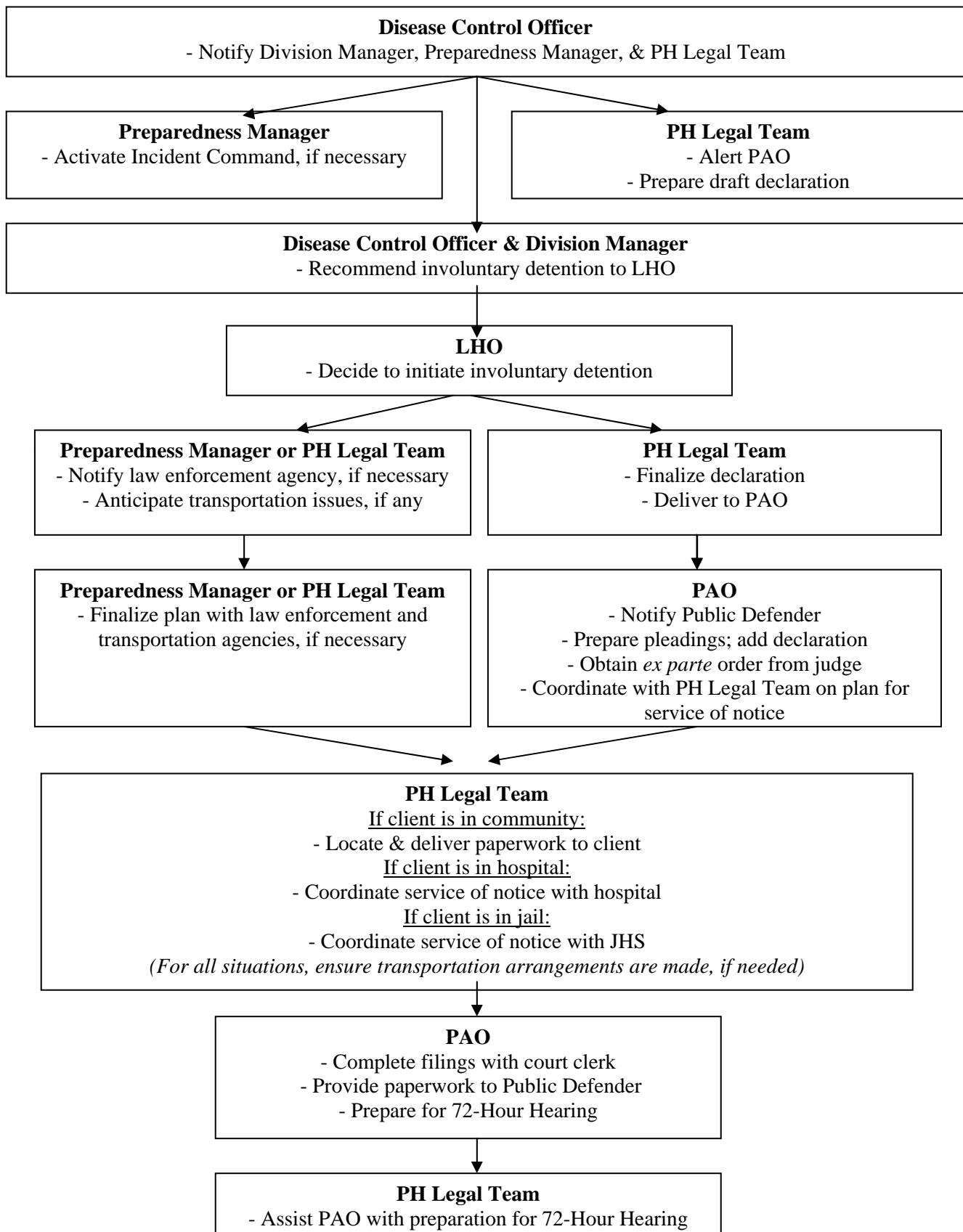
### **Desirable Qualifications**

- Ability to understand state laws and rules governing tuberculosis control and isolation/quarantine
- Ability to prepare legal documents describing factual history of case(s); may require extracting history from medical record(s)
- Availability to respond on short notice and prepare documents on rapid timeframes

### **Training to be Provided**

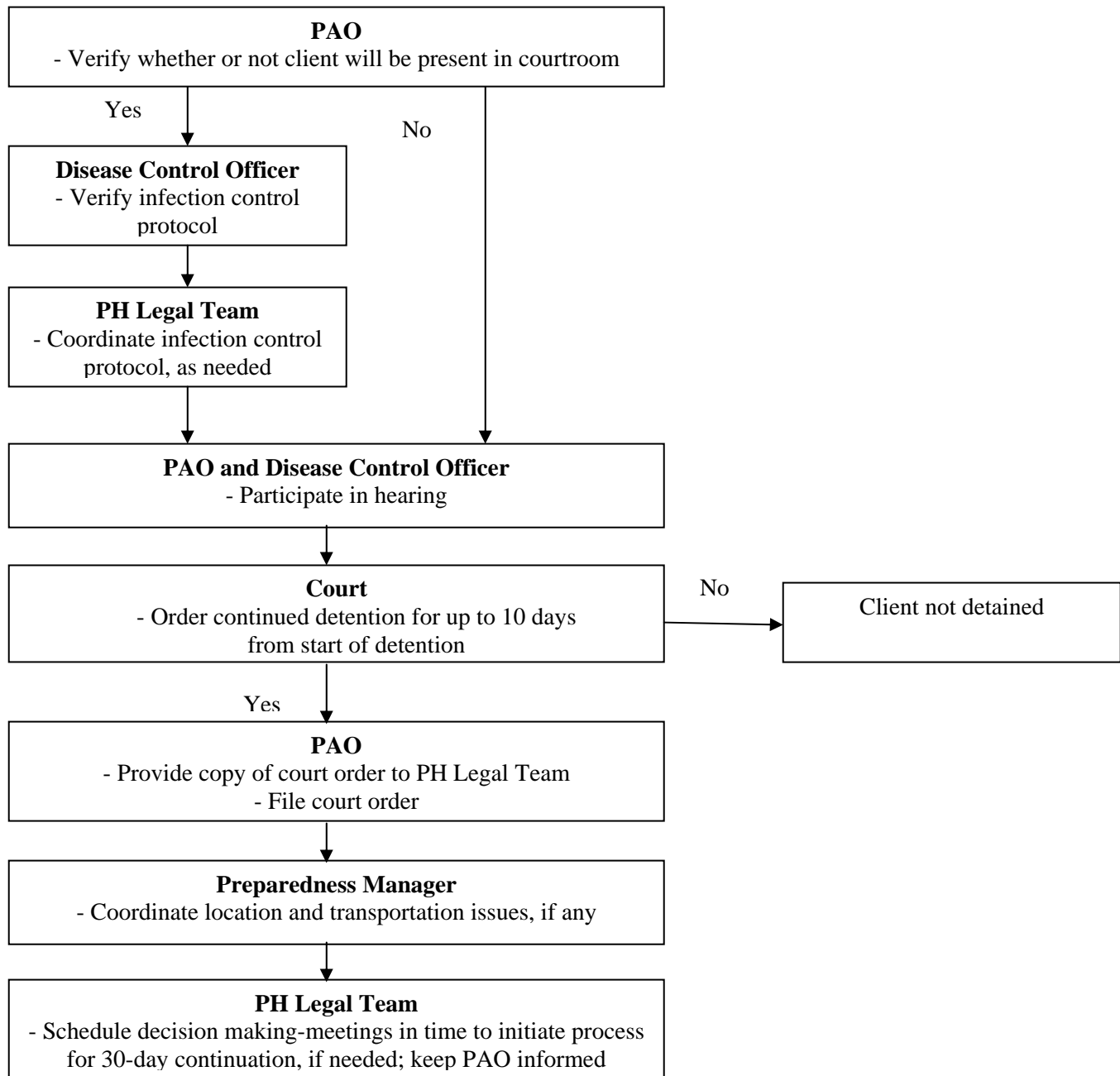
- State laws and rules governing tuberculosis control and isolation/quarantine
- Process checklists and flowcharts
- Templates for legal documents

## Court Order for up to 10 Days – Process Flow Chart

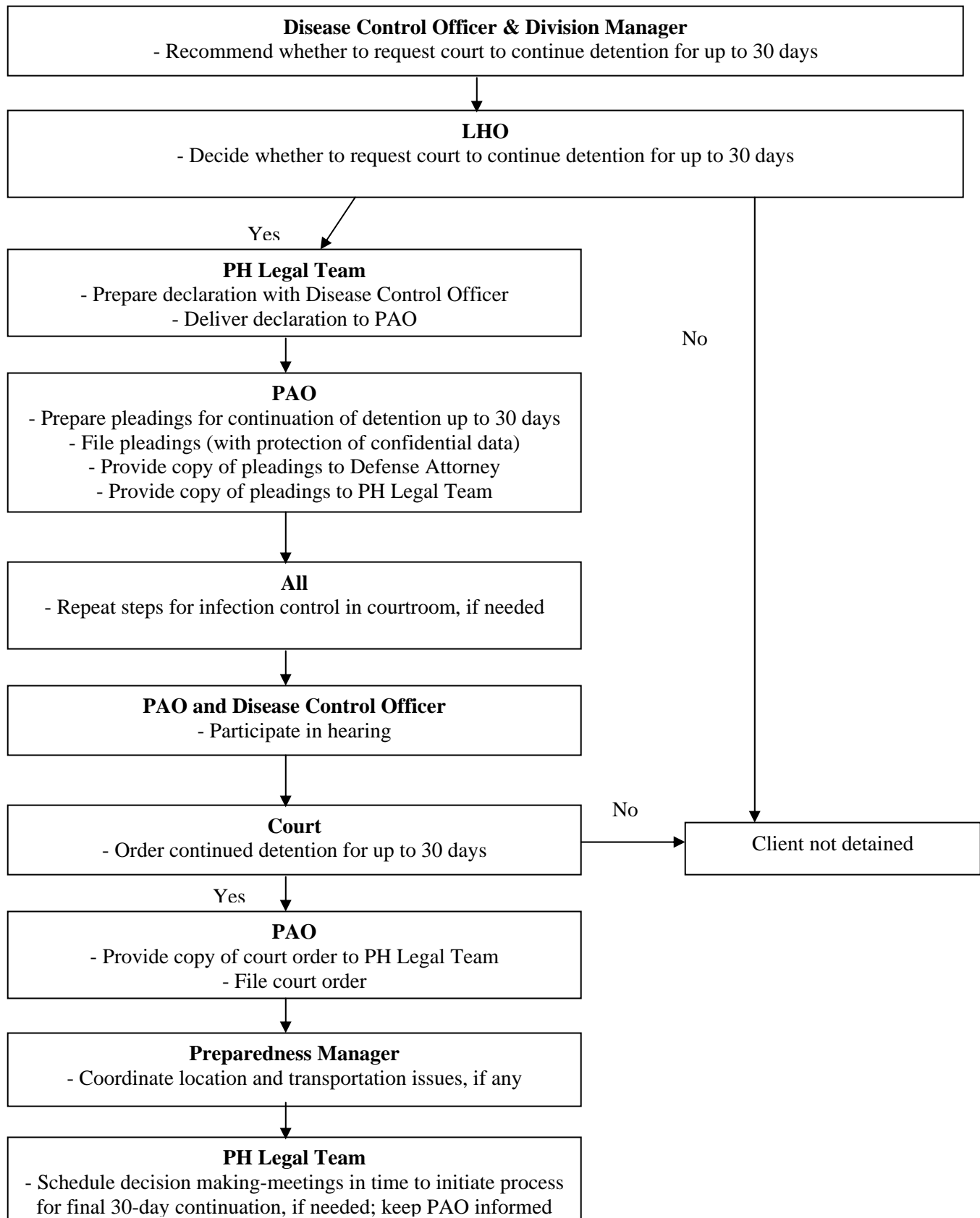




## 72-Hour Hearing – Process Flow Chart



## Court Order for Continuation up to 30 Days – Process Flow Chart



## Communicable Diseases (WAC 246-100-040 to -070)

### Forms for Isolation or Quarantine

<b>Efforts to Obtain Voluntary Compliance</b>		
<u>Local Health Officer Letter</u> <ul style="list-style-type: none"> <li>Isolation Request (can be adapted for quarantine)</li> </ul>		
<b>Initial Detention for up to 10 Days</b>		
<u>Local Health Officer Order</u> <ul style="list-style-type: none"> <li>Emergency Detention Order</li> <li>Declaration of Service</li> </ul>		To be signed and returned by person who completes service
<u>Pleadings for Court Order</u> <ul style="list-style-type: none"> <li>Note for Motion</li> <li>Sealed Data</li> <li>Motion for Order to Seal Records</li> <li>[Proposed] Order to Seal Records</li> <li>Summons</li> <li>Petition Ex Parte for Involuntary Isolation or Quarantine</li> <li>Declaration of Disease Control Officer in Support of Petition Ex Parte for Involuntary Isolation or Quarantine</li> <li>[Proposed] Order for Involuntary Isolation or Quarantine</li> <li>Statement of Rights of Respondent and Notification of Attorney</li> <li>Declaration of Service</li> <li>Motion and Order for Bench Warrant (if needed)</li> </ul>		
		To be served to Respondent
		To be signed and returned by person who completes service
<b>Continued Isolation or Quarantine for up to 30 Days</b>		
<u>Pleadings for Court Order</u> <ul style="list-style-type: none"> <li>Petition for Continued Isolation or Quarantine</li> <li>Declaration of Disease Control Officer in Support of Petition for Continued Isolation or Quarantine</li> <li>Declaration of Compliance with WAC 246-100-045</li> <li>[Proposed] Order for Continued Isolation or Quarantine</li> </ul>		
		To be served to defense attorney
<b>Continued Isolation or Quarantine for up to an Additional 30 Days</b>		
<u>Pleadings for Court Order</u> <ul style="list-style-type: none"> <li>(Same forms as 30-day period above, updated for new facts)</li> </ul>		

# Public Health Preparedness and Response Plan for Isolation and Quarantine Zone Plan

Zone 1 (North and East King County)

Zone 3 (South King County)

Zone 5 (City of Seattle)

## I. OVERVIEW

### A. Authority, Command and Coordination

Public Health Seattle and King County (PHSKC) has been designated the lead agency in the event of a disease outbreak or biological event requiring isolation and quarantine (I&Q). Under WAC 246-100-036 the local health officer shall establish plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity he or she deems necessary.

### B. Definitions

- **Isolation** refers to the separation of ill persons with a confirmed or suspected communicable disease from those who are healthy. Those identified for isolation are termed “cases”.
- **Quarantine** is the separation or restriction of activities of persons who are not ill but who are believed to have been exposed to a communicable disease and are therefore at highest risk of becoming infected. Those identified for quarantine are termed “contacts.”
- **Community Containment:** Isolation and quarantine measures are generally applied on an individual basis, though broader community containment measures may be applied to groups of persons or to communities during outbreaks characterized by extensive transmission. These interventions range from measures to increase social distance among community members (e.g. cancellation of public gatherings, use of masks, and implementation of community-wide "snow days") to community-wide quarantine.

### C. Conditions and Principles

Attending to the medical, legal, social, psychological, financial, and logistical challenges facing isolated or quarantined persons is key to the successful application of containment measures for those who have needs that they cannot meet on their own. Essential services and supplies for persons in isolation and quarantine include:

1. Food and water
2. Utilities (electricity, water, sewage, garbage collection, telephone, heating or air conditioning, internet, etc.)

3. Shelter
4. Medicines, medical supplies, medical consultation and care
5. Access to legal representation
6. Mental health and psychological support services
7. Faith-based services
8. Other supportive services (such as child care, laundry, banking, essential shopping, etc)
9. Social amenities (e.g. television, radio, internet access, reading materials)
10. Transportation
11. Financial support

Persons who do not require hospitalization for medical reasons should be isolated in their homes whenever possible. Likewise, a personal residence is generally the preferred setting for quarantine.

Isolation and quarantine are optimally performed with the consent and cooperation of the patient. However, pursuant to WAC 246-100-040, a local health officer or the Superior Court may issue an emergency detention order placing a person or group of persons into detention for purposes of isolation or quarantine.

## **II. ACTIVATION**

Healthcare facilities and medical providers will notify and coordinate with PHSKC when they have identified a suspected case of a communicable disease that might require isolation. Such facilities currently have infection control plans and protocol for infectious diseases, based on the Centers for Disease Control (CDC) guidelines, in order to protect patients, healthcare workers, and the community.

When, in the estimation of PHSKC staff, isolation or quarantine of a number of persons seems likely or imminent, the department will activate its Isolation and Quarantine Response Center (IQRC) to coordinate the placement, monitoring, assessment and support of individuals and households identified for isolation or quarantine with internal staff, legal and law enforcement systems, healthcare providers and community-based partners. PHSKC will establish communication with Zone Cities and Emergency Operations Centers at this juncture regarding the scope of the event and to request assistance if needed.

## **III. CONCEPT OF OPERATIONS FOR LOW LEVEL EVENT**

### **A. Overview**

In the event of a public health emergency that requires isolation or quarantine of a small number of individuals, PHSKC will coordinate with local jurisdictions, medical providers and community-based service organizations to meet the health and human service needs of those individuals, optimally in their homes. The Crisis Clinic will function as the clearinghouse/broker of non-medical support services, and assist IQRC staff in obtaining needed services from appropriate community providers.

## **B. PHSKC will assure the following:**

1. In concert with healthcare providers, identify and evaluate status of cases; identify and monitor contacts of patients and determine whether quarantine of contacts is indicated
2. Coordinate with Crisis Clinic, community-based partners and Cities to establish the infrastructure to deliver essential goods and services to persons in I&Q
3. Coordinate with the Prosecuting Attorney's Office and Superior Court to issue legally binding isolation and quarantine orders
4. Assess the home environment to determine its suitability for isolation or quarantine
5. Identify and activate facilities to house persons for whom isolation or quarantine is indicated but who do not have access to an appropriate home setting
6. Support transition to I&Q site (home or facility) as needed
7. Deliver and explain educational materials in appropriate languages and literacy levels
8. Deliver and explain essential medical supplies
9. Monitor and evaluate isolated or quarantined individuals daily by phone for health status as well as unmet support needs and compliance with orders; coordinate and follow-up on delivery of goods and services as needs arise
10. Coordinate necessary medical care and follow-up with the appropriate medical provider
11. Coordinate with local providers for medications and medical supplies
12. Coordinate transfer to hospital for persons requiring acute care if needed.
13. Provide interpreter services to isolated or quarantined persons, if needed
14. Ensure access to legal representation
15. Monitor the course and extent of the outbreak and evaluate the need for community containment measures
16. Coordinate with the law enforcement for the support necessary to enforce I&Q orders issued in their jurisdiction; notify PH legal team of suspected non-compliance
17. Provide training and personal protective equipment for law enforcement and other first responders, as needed
18. Provide training for community providers as needed, including training on Incident Command and infection control.
19. Assure documentation of the needs and services provided for isolated and quarantined persons
20. Coordinate with health and human service providers to assure continuity of services for people with disabilities and special case-management needs.
21. Coordinate risk communications and public information in concert with Emergency Management, partner Public Information Officers (PIOs), local jurisdictions and the media
22. Identify potential resources to support response partners

## **C. Crisis Clinic Responsibilities**

1. Coordinate with the American Red Cross, appropriate social service providers and businesses to provide food, shelter, and clothing on an emergency basis
2. Depending on the Zone, coordinate with Hopelink (Zone 1) or the Multi-Service Center (Zone 3) and the appropriate Cities to provide financial assistance to ensure the ongoing

- provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined
3. Coordinate with Hopelink (Zone 1) or the Multi-Service Center (Zone 3) and other appropriate social service providers to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
  4. Coordinate access to telephone services for individuals who are isolated or quarantined, if needed
  5. Provide access to mental health and other psychological support. Coordinate with King County Mental Health, the crisis clinic and local specialty providers, as needed.
  6. Arrange with Child Care Resources for child care or other appropriate providers for elder care, if needed.
  7. Arrange transportation with Hopelink or Access if needed to access medical treatment or other critical services.
  8. Coordinate with Department of Social and Health Services (DSHS), the Multi-Service Center (Zone 3) and other local social service agencies to provide temporary financial assistance for persons isolated or quarantined, if needed.(to legislate for unemployment and disaster relief)
  9. Coordinate with local social service providers to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

## **IV. CONCEPT OF OPERATIONS FOR LARGE-SCALE EVENT**

### **A. Overview**

In the event of a public health emergency that requires the isolation and quarantine of a large number of individuals, PHSKC will coordinate with King County Emergency Management to activate the Emergency Operations Center. If the event is Zone 1 specific, PHSKC will coordinate with the City of Bellevue Emergency Management, which will activate a Zone 1 Emergency Management Coordination Group, in keeping with the Regional Disaster Plan concept of operations. PHSKC will identify the community emergency measures necessary to respond to the outbreak and the Zone 1 Emergency Management Coordination Group will activate to coordinate the community response effort. Ongoing communication will be established between PHSKC and the Zone 1 Emergency Management Coordination Group for the duration of the public health emergency.

### **B. PHSKC Responsibilities**

As noted above in section.

### **C. Zone Emergency Management Coordination Group Responsibilities:**

**Assist the Crisis Clinic, if needed, in the following areas:**

1. Coordinate with the American Red Cross, other social service providers and businesses to provide food, shelter, and clothing on an emergency basis

2. Coordinate with local utility providers to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined
3. Coordinate with the appropriate community-based service providers to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
4. Coordinate access to telephone services for individuals who are isolated or quarantined, if needed
5. Coordinate with King County Mental Health and local specialty providers to provide access to mental health and other psychological support, if needed.
6. Arrange with Child Care Resources for child care or local providers for elder care, if needed.
7. Arrange transportation with Hopelink if needed to access medical treatment or other critical services.
8. Coordinate with DSHS and other local sources to provide temporary financial assistance for persons isolated or quarantined, if needed.(to legislate for unemployment and disaster relief)
9. Coordinate with local social service providers to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

## **V. RISK COMMUNICATION and PUBLIC INFORMATION**

### **A. Overview**

An outbreak requiring mass I&Q would attract intense, unrelenting media interest. In the early stages of an outbreak, information and facts may be incomplete, yet the media will press for credible information and eye witness or victim stories. The public will want guidance and reassurance. Simplicity, credibility, verifiability and speed are required when communicating during the initial hours of an outbreak. PHSKC will ensure that the public and response partners are kept up-to-date at frequent intervals about the outbreak. It is essential that all agencies work with PHSKC to "speak in one voice" and avoid delivering public messages that are inaccurate or contradictory. Both inaccurate information and delays in communication would likely result in the acceleration of rumors, loss of public confidence and increased panic, and possibly overwhelm first responders with "worried well". Risk communications will play a central role in the public's health, safety, level of concern, and most importantly, compliance with stopping the spread of disease.

### **B. PHSKC Responsibilities**

PHSKC will take the lead in determining the timing and content of public health information and the affected jurisdictions will verify facts and information with PHSKC's communication team before releasing information independently.

1. (Pre-event) Provide the Cities and community based agencies with the tools and training in the phases and steps of the Emergency Risk Communications Plan and activate the Joint Information Center



2. Verify the true magnitude of the situation as quickly as possible
3. Determine that communications about the situation as based on verified facts
4. Conduct notifications with Washington State Department of Health communications office, hospital public information officers, and other affected county, state, and local government communications officers
5. Develop and disseminate to response partners timely messages, fact sheets, press releases and other information and obtain approvals.
6. Ensure that communications acknowledge the event with empathy, explain and inform the public, in simplest terms, about the risk, and, establish organization/spokesperson credibility, provide courses of action
7. Release information to the media, the public, and public health partners
8. Monitor, maintain, and make adjustments in message development and information dissemination for the remaining life of the crisis

### **C. City Responsibilities:**

1. Conduct a needs assessment for crisis and emergency risk communication (see forms in packet).
2. Develop a crisis/emergency risk communication plan.
3. Determine the functions needed to carry out the plan.
4. Determine the resources needed to carry out the plan.
5. Prepare the team to carry out the plan.
6. Coordinate with PHSKC before releasing information about the outbreak or isolation and quarantine procedures.
7. Speak to local efforts to respond to the emergency, protect residents and employees.

### **D. Community-Based Provider Responsibilities**

1. Conduct a needs assessment for crisis and emergency risk communication (see forms in packet).
2. Develop a crisis/emergency risk communication plan, including determining audiences such as elected officials, partner agencies, internal staff, and mainstream and vulnerable populations in the community.
3. Determine the functions needed to carry out the plan.
4. Determine the resources needed to carry out the plan.
5. Prepare the team to carry out the plan.
6. Coordinate with PHSKC before releasing information about the outbreak or isolation and quarantine procedures.
7. Speak to local efforts to respond to the emergency, protect residents and employees.

**Public Health - Seattle & King County**  
**DUTY OFFICER CHECKLIST**  
Incidents Warranting Isolation and Quarantine Response

**Overview**

- This checklist applies to incidents involving suspected incidents where people may be infected or exposed to a communicable disease and may require isolation and quarantine.
- The Duty Officer serves as a bridge among PH resources: TB Clinic, Legal Team, Communications Team, Director's Office, Jail Health Services and others. The Duty Officer communicates and coordinates incident information between all involved parties.

**Information to collect from the caller**

- ☐ See attached checklist.

**Duty Officer Actions**

- ☐ Notifications:
  1. Preparedness Section Manager Michael Loehr (206) 205-5012 work; (206) 540-4582; (206) 391-8581 cell. Preparedness Section Manager to notify:
    - a. PHSKC Director Dr. Fleming
    - b. Chief of Staff Kathie Huus
    - c. Chief Administrative Officer
    - d. Public Information Officer James Apa (206) 205-5442 work; (206) 583-9785 pager; (206) 423-2540 cell.
  2. If the call is received during normal business hours (8:00 A.M. – 5:00 P.M. Monday – Friday), do the following:
    - a. Call the Communicable Disease Epidemiology Line at 206-296-4774
    - b. Identify yourself as the Public Health Duty Officer
    - c. Briefly describe the type of incident (suspicious powder, cluster illness, etc)
    - d. Request to speak with an available Communicable Disease Officer.
    - e. Brief the Communicable Disease Officer on the incident and provide assistance as needed
  3. If the call is received after normal business hours, do the following:
    - a. Call the Communicable Disease line at 206-296-4774. Follow the automated menu to connect with the Communicable Disease 24 hour call center operator (if this does not work, call 206-726-2079 to reach the call center directly).
    - b. Identify yourself as the PH Duty Officer and request the name of the PH King County Epidemiology staff member on call. Once you receive this information, hang up.
    - c. Contact the on-call staff member (via cell, then home number, then pager), brief them on the situation and provide assistance as needed.

If you can not reach the on-call staff member, contact the first person on the Communicable Disease roster (refer to the Key Contact List) via cell, then home number, then pager; continue through the roster until you reach someone.
  4. As an FYI:
    - a. TB Program Staff Dr. Masa Narita [(206) 731-4579 work; (206) 540-3804 pager; (206) 992-3572 cell

- ☐ Document all information and actions taken in the Duty Officer log

**Potentially Relevant Preparedness Section Plans**

- ☐ Isolation and Quarantine
- ☐ ACC Procedures Manual
- ☐ CD-Epi Response
- ☐ Risk Communications

**Public Health - Seattle & King County**  
**DUTY OFFICER CHECKLIST**  
Incidents Warranting Isolation and Quarantine Response

**PUBLIC HEALTH DUTY OFFICER CHECKLIST**  
**Isolation and Quarantine Checklist**

Name of Caller: \_\_\_\_\_ Call back number: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Suspected Disease: \_\_\_\_\_

Disease Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number infected: \_\_\_\_\_ Number exposed: \_\_\_\_\_

King County Residents? ☐ Yes ☐ No Number: \_\_\_\_\_

Non-King County Washington State Residents? ☐ Yes ☐ No Number: \_\_\_\_\_

Non-Washington State US Residents? ☐ Yes ☐ No Number: \_\_\_\_\_

States Represented: \_\_\_\_\_

International Residents? ☐ Yes ☐ No Number: \_\_\_\_\_

Countries Represented: \_\_\_\_\_

Point of entry to King County: ☐ Sea-Tac ☐ Port of Seattle ☐ Highway

☐ Jail or Juvenile Detention Center ☐ Other: \_\_\_\_\_

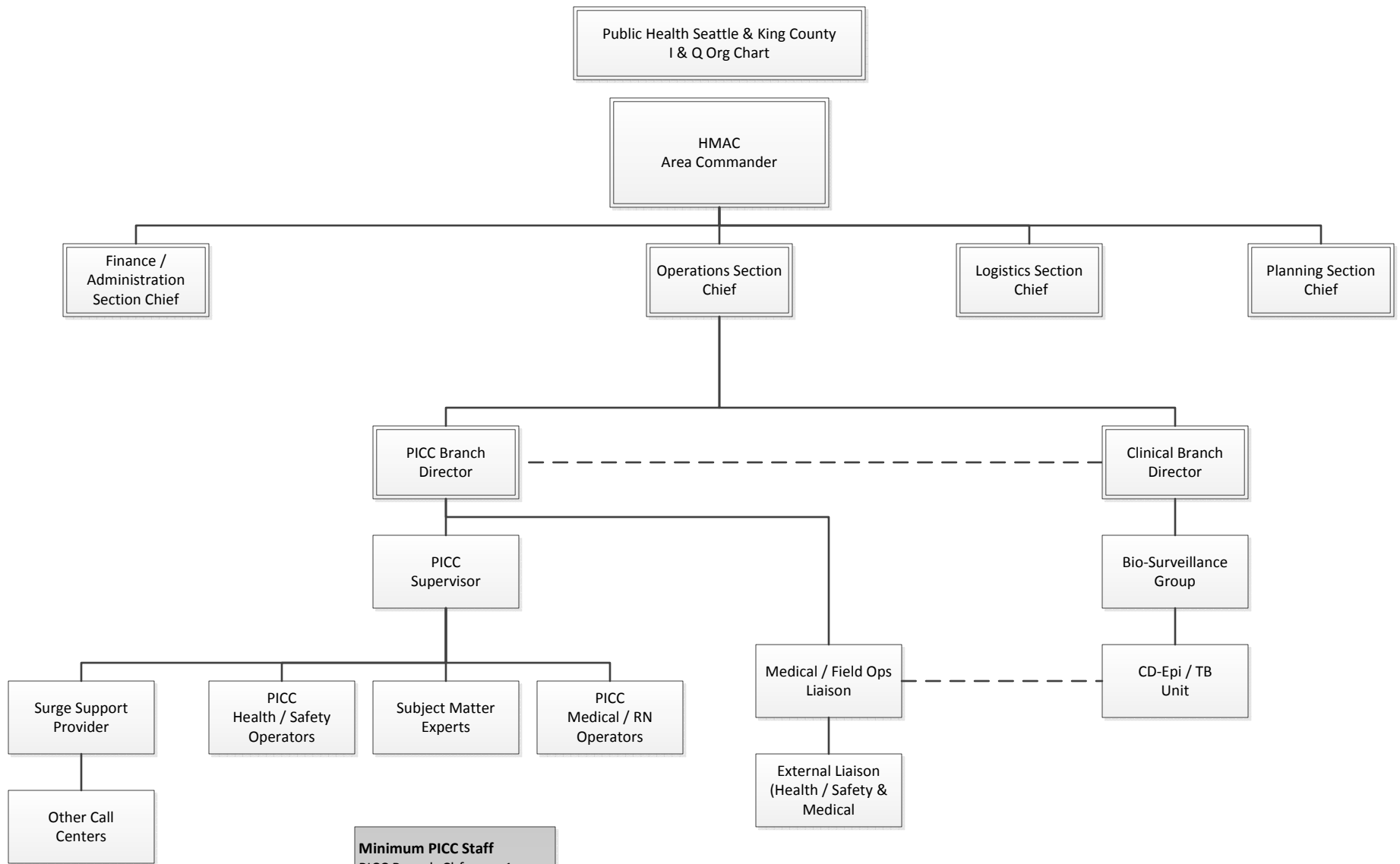
Additional demographic description of infected / exposed population (e.g. tourists, schoolchildren,  
transient, incarcerated, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Minimum PICC Staff**

PICC Branch Chf	1
PICC Supervisor	1
Operations	3
(2 H/S Operators	
1 RN Operator or	
SME)	
External Liaison	1
Liaison to Comms	1
<b>Total:</b>	<b>7</b>

## Day-to-Day versus Emergency Operation Responsibilities for Isolation and Quarantine Operations

Day-to Day Responsibilities	Isolation and Quarantine Activities	Emergency Responsibilities
<b>Communicable Disease - Epidemiology Staff</b>	Case Finding	<b>Communicable Disease - Epidemiology (or TB) Staff</b>
	Issue/Deliver Isolation/Quarantine Order	
	Assess Home and Individual/Family for Home Placement Appropriateness	
	Determine whether Case/Contact will go home or to a facility	
	Educate Case/Contact on Isolation/Quarantine	
	Deliver Supplies (thermometers, gloves, masks, literature)	<b>PHSKC Staff</b>
	Coordinate Transport of Case/Contact Home to to Facility	<b>EMS</b>
	Monitor Case/Contact Symptoms Daily	<b>PICC</b>
	Monitor and Process Requests for Social and Human Services Support	<b>PICC / Logistics</b>
	Provide Social and Human Services Support to keep Case/Contact in place	<b>Community Based Providers</b>
	Discharge Case/Contact	<b>Communicable Disease - Epidemiology Staff</b>

# PICC Guide for I & Q Response

## I. Introduction

One major component of Isolation and Quarantine is providing medical and non-medical support. To do this, the PICC will be activated to provide this support.

The PICC will manage contact with isolated or quarantined individuals using existing processes, staffing and protocols. The major shift in PICC operations in this instance is that PICC operators will be placing calls as opposed to responding to them.

## II. Activating the PICC

### A. Decision to Activate

The Local Health Officer, or designee, in consultation with HMAc Area Commander and Communicable Disease Epidemiology & Immunization Section Chief, will determine the need for the PICC. A PICC will likely be needed when the number of staff members in the CD-Epi section is insufficient to manage the needs of a potential or actual disease outbreak.

### B. Establishment of PICC Facility

The site location of the PICC will be determined by HMAc and will vary according to needs presented by multiple, concurrent operations; level of surge; management; cost; and other factors. Refer to the PICC logistics manual for possible sites.

### C. Staffing

Staff will be assigned to the PICC as they would for other responses. Additional medical subject matter experts (SMEs) may be needed to provide specifics on the issue. These SMEs will be tasked with reviewing the I & Q plan and job action sheets, as well as the forms that will be available for completion in the PIER system. Staff will be assigned to the Logistics Section of HMAc to fulfill resource requests.

HMAc will be responsible for managing staffing needs and working with other divisions to secure necessary medical professionals as needed.

### D. Subject Matter Experts

The PICC operates in support of CD-Epi operations and utilizes the expertise of subject matter experts (SMEs) to solve aggregate and individual case or contact problems. Appropriate SMEs will vary depending upon the circumstance and disease of concern. Probable SMEs include:

- Risk Communication
- Legal
- CD-Epi
- Clinical Practice
- Environmental Health
- Community Health Services

The Operations Chief is responsible for establishing the communication with the SMEs. The Daily SME Contact Sheet is available to document information. Ongoing communication may be

delegated to other positions at later times in activation as documented in the Daily SME Contact Sheet

#### E. Training for PICC Staff

PICC staff members will be provided with the PICC Operations manual and just in time training on the PIER system and the various forms (see Attachments section) that they will be asked to complete. They will also receive information from the SMEs on any specifics related to this particular disease outbreak.

PICC staff will also be trained (either through previous PHSKC compliance training or just in time training) on HIPAA privacy and confidentiality issues. PICC staff conducting calls should only look at information in their assigned cases, and identifying features of any patients should be shared with the fewest number of people possible to ensure adequate patient care.

#### F. Management of Cases and Contact during pre-activation phase

The Operations Section Chief has ultimate responsibility over the status and monitoring of cases in isolation or contacts in quarantine once delegated to the PICC from CD-Epi. It is possible that a number of cases or contacts will need to be monitored by the PICC prior to actual set-up. The Operations Section Chief may delegate that responsibility to the Bio-surveillance Group, as per organizational structure. This is an available option to support CD-Epi. Communication must be ongoing to assure link between PICC and CD-Epi regarding status of cases and contacts delegated to PICC.

Once the cases are turned over to the Operations Section Chief, he or she assumes responsibility for monitoring them and meeting their resource needs. This transfer of responsibility is crucial to ensuring that people in isolation or quarantine are not being contacted by different PHSKC sections and receiving different information.

### **III. Concept of Operations**

#### A. Home Assessment

PICC operators may be asked to contact cases to determine the suitability of home isolation or quarantine, using the Home Isolation Assessment tool. This may take place prior to case monitoring or during the incident, depending on the situation.

#### B. Intake of cases and contacts

The PICC will be provided with a list from CD-EPI that includes the name and contact information for all cases that require contact. The PICC Supervisor will split up responsibility for cases among PICC Operators. The operators will make contact with the cases and complete the necessary paperwork, both in the PIER system and in any additional spreadsheets or forms.

#### C. Medical Resources

If someone who is isolated or quarantined and contacted by the PICC requests non-emergent medical assistance, either related to the disease outbreak or not, the Operator will be responsible for forwarding the request on to medical SMEs to determine the need. The SMEs will then work with the Bio-surveillance Group and Logistics Section to determine whether to dispatch PHSKC, PHRC members or other medical staff to the location to provide the assistance. Anything that appears to

be a medical emergency will be directly transferred to 911, with notification made to the Bio-surveillance Group.

#### D. Non-Medical Resources

If someone who is isolated or quarantined and contacted by the PICC requests non-medical assistance such as meal or grocery delivery, housing and utility assistance, assistance with childcare, accommodations related to cultural and religious customs, or legal representation, the Non-Medical Resources Group will be notified via PIER and work with community partners to procure and deliver those resources. Organizations such as Catholic Community Services may be requested to provide these services.

#### E. Resource Coordination

1. Operations Section Chief is responsible for providing the following to the PICC:

- Information and situational awareness
- Media policy
- HIPAA protocols
- Faxing and communication protocols

2. Completing a non-emergency Medical or Non-Medical Resource Request

- Logistics Section Chief receives requests from PICC Operator or PICC Medical SME via PIER for cases or contacts requesting services or resources.
- Chief reviews the information and flags for key criteria, such as requisite assessment needs and critical needs.
- Chief delegates the request to Logistics staff for processing.
- Logistics staff prepare the request:
  - Review form for completion and referral. Consult with PICC operator if information is incomplete to have contact re-established.
  - Combine requests from same household.
    - Assure that each household has a “Household Aggregation Number.”
      - Generate Household Aggregation Number if not existent for household
      - Assure that each referral for the household that day has the Household aggregation # and \_\_\_\_ of \_\_\_\_ completed at the top of the referral
    - Prepare for delivery of request to community service provider.
    - Assure that request is documented in the database

3. Batching Requests

- Requests may need to be batched together
  - The usual plan is to forward all requests to the human service provider for brokering

4. Reconciling requests/referrals

- At designated intervals the Logistics Section will ensure that completed requests returned from resource brokers and providers are currently documented into the database.
  - PICC operators will provide assurance through assessment during monitoring call and document call notes in PIER.



- Note and flag discrepancies between lists of requests and complete requests using database or PICC Master Log of Requests and Referrals. Report to Logistics and Operations Section Chiefs.

#### F. Database Management

The Database Management Unit will be responsible for maintaining all information related to the contact made by PICC operators. This includes tracking the whether contact has been made and what the outcomes and needs are for that case.

#### G. HIPPA

All information collected as it relates to health care information will be kept confidential following the procedures PHSKC normally applies to health care information. These procedures adhere to all HIPPA requirements.

Information collected that does not directly relate to treatment or other health care issues will still be kept confidential and shared only with those who are working on the isolation or quarantine incident response, including PHSKC employees as well as those who are delivering any needed non-medical resources.

#### **Demobilization of PICC**

When HMAC Area Commander, in consultation with the Epidemiology Investigations Team, determines that the need for a PICC has passed, the decision will be made to shut down the PICC and transfer any outstanding cases back to CD-Epi.

#### Triggers

1. If the number of households isolated or quarantined drops to a level comparable to that normally managed by CD-Epi; or
2. If the danger has passed (e.g. a threat that was expected to materialize no longer does)

The HMAC Area Commander and CD-Epi lead will notify staff when PICC operations are set to demobilize. At that time PICC staff should

#### **Attachments**

PICC I & Q Response Contact Flow

In progress

## GUIDELINES FOR EVALUATION OF HOME ISOLATION

(This page for use by Public Health Staff)

**Table 1. Prioritization levels and guidelines for home isolation assessment and case monitoring**

Level (1= Highest)	Condition	Individual completing assessment and plan	Method of assessment / IC demonstration	Type and frequency of monitoring
1	<ul style="list-style-type: none"> <li>SARS (Confirmed, Probable, RUI-3, RUI-4, PRUI-4,<sup>1</sup> RUI-1 at high suspicion for SARS)</li> <li>Tuberculosis</li> <li>Pneumonic Plague</li> <li>Smallpox</li> </ul>	PHSKC or trained hospital personnel	In person or by telephone	Daily active monitoring with home visits as necessary; decided on a case-by-case basis and as resources permit
2	<ul style="list-style-type: none"> <li>SARS (RUI-2, PRUI-2<sup>2</sup>)</li> <li>Measles</li> <li>Mumps</li> </ul>	PHSKC or case		

The decision to conduct an assessment in person or by telephone, on-site (i.e., at the case's home) or not, depends upon the reliability of the case and/or caregiver and adequacy of communication. In hospitalized patients, the physician, nursing and/or discharge planner will be able to assist in the assessment.

Cases in level 1 should receive a voluntary isolation letter and case isolation information packet. Cases in level 2 should receive verbal instructions.

Infection control measures should be reviewed with the case before discharge from the health care facility. Assure the case has or is promptly delivered necessary supplies for home isolation including symptom log, thermometers, masks, gloves, antiseptic hand gel, etc.

<sup>1</sup>Similar to RUI-4 but clinical criteria of less than 2 early symptoms in a case meeting epidemiological criteria for likely exposure to SARS-CoV

<sup>2</sup>Similar to RUI-2 but clinical criteria of fever OR respiratory tract symptoms in a case meeting epidemiological criteria for possible exposure to SARS-CoV

## HOME ISOLATION ASSESSMENT TOOL – Long Form

Person conducting assessment		Date of assessment
Case name	DOB	Data base/Case ID#
Home address	E-mail	
Phone: home	Cell	Other
Case classification	Language	Interpreter needed? <input type="checkbox"/>

### SECTION A. MINIMUM REQUIREMENTS FOR HOME ISOLATION

	Y	N
1. Is the case currently living in a congregate home (e.g. town home, apartment, single room occupancy)? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the case's living area have its own entrance from the outside?		
b. Are there common spaces the case shares with other residents?		
c. (If indicated) Does the case's home have an air-handling system separated from other residents?		
2. Is the case able to understand and adhere to the following infection control precautions?		
a. Hand washing	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of surgical or procedure masks and gloves, if indicated	<input type="checkbox"/>	<input type="checkbox"/>
c. Method to take temperature and read thermometer	<input type="checkbox"/>	<input type="checkbox"/>
d. Proper handling of soiled laundry and contaminated waste	<input type="checkbox"/>	<input type="checkbox"/>
e. Proper laundering of clothes, and cleaning of environment, dishes, thermometer	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the case's home have the following features?		
a. Telephone	<input type="checkbox"/>	<input type="checkbox"/>
b. Electricity	<input type="checkbox"/>	<input type="checkbox"/>
c. Potable water (including hot water)	<input type="checkbox"/>	<input type="checkbox"/>
d. Heat	<input type="checkbox"/>	<input type="checkbox"/>
e. Separate bedroom for use by case only	<input type="checkbox"/>	<input type="checkbox"/>
g. Accessible bathroom with sink and commode	<input type="checkbox"/>	<input type="checkbox"/>
h. Waste and sewage disposal (trash container, septic tank, community sewage line)	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the case have a means for washing clothes (i.e., washer in home or another individual available to take laundry to an outside facility)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a person (inside or outside the home) or service that will supply the case with needed supplies and services such as grocery delivery, banking, medications and other personal supplies? Name of person or service	<input type="checkbox"/>	<input type="checkbox"/>
6 a. Does the case have household members who are unable to independently care for themselves (e.g., children, disabled)?	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, is there someone, other than the case, who is available to provide care for those individuals?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the case require a caregiver while in home isolation?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, is the available caregiver someone who IS NOT at high risk for complications from condition (e.g., chronic heart or lung conditions, diabetes mellitus (DM), immunosuppressed).	<input type="checkbox"/>	<input type="checkbox"/>
b. Caregiver contact information		
Phone: Home	Cell	Pager
	E-mail	

### SECTION B. OTHER NEEDS TO CONSIDER (evaluate and respond to these factors on a case-by-case basis)

	Y	N
1. Does the case have a 2-day supply of the following items?	<input type="checkbox"/>	<input type="checkbox"/>

- a. Dishwashing soap ☐ ☐
  - b. Plastic garbage bags ☐ ☐
  - c. Laundry soap ☐ ☐
  - d. Household disinfectants for cleaning ☐ ☐
2. Does the case have access to mental health support and social resources? ☐ ☐
- Does the case have a medical condition requiring regular monitoring, medications, or supplies (e.g. insulin dependent diabetes requiring needles, syringes, glucose test strips; chronic pulmonary disease on home oxygen, dialysis, etc.) ☐ ☐
- If yes:
- List all current medications currently taken:
- List all critical/immediately needed medical supplies/medications:
- Name of health care provider:
3. Does the case have social diversions (e.g., television, radio, reading materials) to occupy them while isolated at home? ☐ ☐
  4. Have the caregiver and other household members been given the CDC document, "Information for SARS Cases and Their Close Contacts," and has this information been reviewed with these individuals? ☐ ☐

### SECTION C: HOUSEHOLD CONTACTS

The number of household members remaining in the home during isolation should be limited to those needed for supporting the case whenever possible. If household members cannot be relocated, the suitability of the home environment for isolating the case depends on several factors, and should be made on a case-by-case basis. Those persons remaining in the home should limit contact with the case and be able to follow the infection control precautions. Persons with compromised immune systems and persons who require or cannot avoid close contact with the case (e.g., children for whom the case is primary caregiver) are at higher risk for acquiring most of the illnesses in question. Persons with diabetes mellitus or chronic heart or lung conditions are at higher risk for complications if they develop the illnesses in question.

Name / relationship	Age (yrs)	Will contact remain in same home as case?	Is contact immuno-suppressed, have DM, heart, or lung condition?	Special needs/comments/Immunization history, if applicable
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

### SECTION D: FINAL STEPS

1. PHSKC Case Discharge Packet ☐ not applicable
2. Home Infection Control Starter Kit (7 day supply of thermometers, gloves, masks, alcohol-based hand gel, soap for handwashing, facial tissues) ☐ not applicable
- 3.. Voluntary isolation letter and attachments ☐ not applicable

**Comments:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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This section below to be completed only by PHSKC

**SECTION F. PHSKC ASSESSMENT AND RECOMMENDATION AND FOLLOW UP  
MONITORING PLANS**

☐ Home isolation

Name and relationship of caregiver \_\_\_\_\_ ☐ Not applicable

Phone: Home                      Cell                      Pager                      E-mail

☐ Isolation in an alternate facility

Reasons not recommending home isolation

Name of facility \_\_\_\_\_ Phone number \_\_\_\_\_

Disposition: ☐ Case agrees to adhere to isolation recommendation ☐ Case refuses to adhere to isolation recommendation

If home isolation, recommend separation of following household contacts:

Name

Reason:

- a.
- b.
- c.
- d.

Date of next follow-up assessment

Notes:

## Questionnaire for I & Q

Prior to using this form, confirm with CD-Epi and TB that no other questions need to be added based on the specific disease threat.

Refer to the just-in-time fact sheets provided for information on when to refer call to 911 instead of Public Health staff.

**Case #**

**Name:**

**Isolated Individuals:**

Are you feeling sick today? Y/N

[If feeling sick, refer to nurse/clinician for additional health questions.]

**Quarantined Individuals:**

Are you feeling sick today? Y/N

Ask all additional questions for specific type syndrome (if yes to any, refer to nurse/clinician for additional questions):

- Respiratory illness (Flu, SARS):
  - Do you have any of these today:
    - Fever Y/N. Do you have a thermometer? If so, what is your temperature today: \_\_\_\_F
    - Cough Y/N
    - Sore throat Y/N
    - Shortness of breath/difficulty breathing Y/N
    - Vomiting or diarrhea Y/N
    - Any other symptoms? Y/N. If yes, list: \_\_\_\_\_
    - (questions may be to be added for young children/infants for flu)
- Rash illness (measles/smallpox):
  - Do you have any of these today:
    - Fever Y/N. Do you have a thermometer? If so, what is your temperature today: \_\_\_\_F
    - Cough Y/N
    - Red or irritated eyes Y/N
    - Runny nose Y/N
    - Rash Y/N
    - Extreme fatigue (very tired) Y/N
- Plague (pneumonic):
  - Do you have any of these today:
    - Fever Y/N. Do you have a thermometer? If so, what is your temperature today: \_\_\_\_F
    - Sore throat Y/N
    - Headache Y/N
    - Shortness of breath/difficulty breathing Y/N
    - Swollen and/or painful glands Y/N

## Resource/Request from PHSKC I & Q PICC

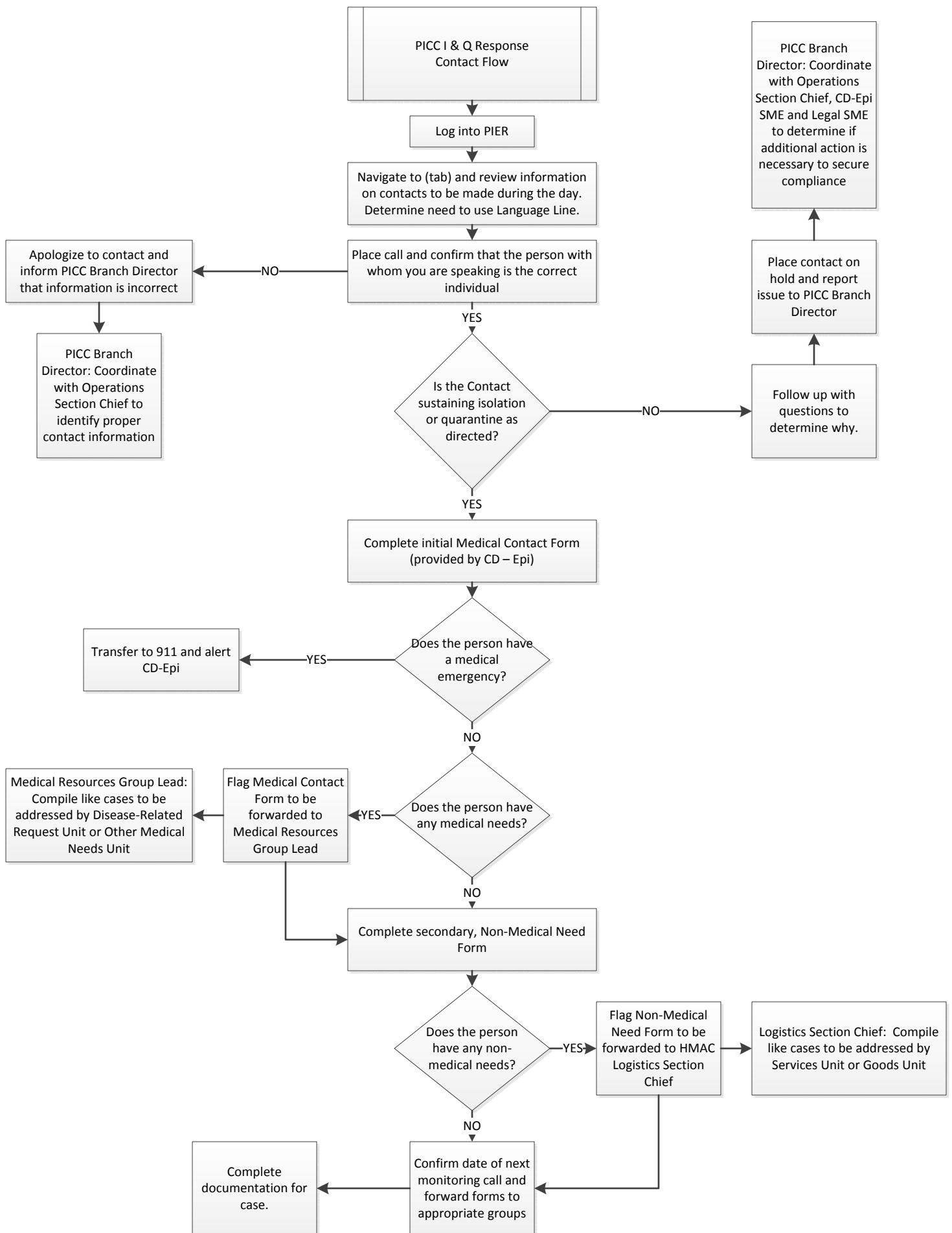
<input type="checkbox"/> <b>First Request/Referral</b>			<input type="checkbox"/> <b>Previously served</b>					
<b>Date:</b> ____/____/____		<b>Time:</b> am / pm (circle)		<b>Resource Lead:</b>				
				Call back phone (      )				
				IQRC number: Fax (      )				
<b>Case/Contact #</b>			<b>Household Aggregation #</b>		<b>Pg #</b> ____ <b>of</b> ____			
<b>Client Name: Last</b>			<b>First</b>		<b>MI</b>			
<b>Gender:</b> male (circle) female	<b>Age</b>	<b>DOB</b> / /	<b>language</b>	<b>Is an interpreter requested?</b> Y N (circle)				
<b>How to Contact Client</b>	<b>Home:</b> (      )		<b>Out of household contact and number: (optional)</b>					
	<b>Cell:</b> (      )							
	<b>Fax:</b> (      )							
<b>Street Address of delivery</b>					<b>Apt:</b>			
			<b>City</b>	<b>Zip</b>				
<b>Specifics re: delivery</b>								
Resource Request		Urgency		Time parameter			IQRC referral done	
		Assessment-Initial need	Critical	Today	1 da	2 da	Date	Initial
1							/ /	
2							/ /	
3							/ /	
4							/ /	
5							/ /	
<b>Notes:</b>								
<b>PHSKC Signature Log</b>								
Name		Initials		Name		Initials		
<b>RESOURCE BROKERING ONLY</b>								
Referral	Met	Not met				Date	Signature	
		Resource unavailable	Client declined	Other	Reason for other			
1.								
2.								
3.								
4.								
5.								



Case/Contact #		Household Aggregation #		Pg. # ____ of ____		
Client Name: Last		First			MI	
Resources				Done		
Request	Notes			Done	Initial	
1					/ /	
2					/ /	
3					/ /	
4					/ /	
5					/ /	
Notes:						
Resource Provider Signature Log						
Name		Initial	Name			Initial

Master Log of Referrals and Requests

Referral or Request									Completion
Date	Time	DOB	Case / Contact (Last, First, Initial)	ID Number	Referral / Request	Made to (org):	Referrer initials	Complete?	Date



# Daily Resource Fulfillment Plan

Community Resource and Referral

## Daily Confirmation

	<b>Broker</b>	<b>Phone number</b>	<b>Fax number</b>	<b>Contact person</b>
<b>Primary Broker<sup>1</sup></b>			( )	
<b>Batch by:</b> <input type="checkbox"/> Household <input type="checkbox"/> Other		<b>Timing for FAXs</b> <input type="checkbox"/> Per referral or request <input type="checkbox"/> Daily at _____ am pm <input type="checkbox"/> More than once per day at: _____ am pm _____ am pm		
<b>Other Active Resource Fulfillment Plans</b> (only complete if others are brokering)				
<b>Plan</b>	<b>Effective thru:</b>	<b>Contact person</b>	<b>Phone number</b>	
<b>Notes:</b>				
Next confirmation time:      DATE: ____/____/____      Time:      am pm				
<b>Brokering plan confirmed by</b> <input type="checkbox"/> Faxed at: date:      Time:      am/pm      by _____ <input type="checkbox"/> Phone at: date:      Time:      am/pm      by _____ <input type="checkbox"/> Other at: date:      Time:      am/pm      by _____				

<sup>1</sup> e.g. ARC, Catholic Community Services

PICC BRANCH DIRECTOR RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Operations Section Chief	(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	PICC		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Organize activation, operation, and deactivation of the PICC operations, which monitor cases in isolation or contacts in quarantine.</li> <li>➤ Participate in planning for activation, deactivation, and redeployment.</li> </ul> <p><b>During all phases of PICC operations:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain communication with Operations Section Chief.</li> <li>➤ Maintain communication with Direct Reports.</li> <li>➤ Supervise Direct Reports.</li> <li>➤ Maintain communication plan with Communications Liaison.</li> <li>➤ Maintain communications with isolation and quarantine facility operations as delegated by HMAC.</li> <li>➤ Assure PICC operation compliance with applicable PHSKC policies, guidelines and protocols such as: HIPAA, WACs, media, emergency plans, communicable disease practice, and patient care.</li> <li>➤ Evaluate, adapt, and implement PICC operations.</li> <li>➤ Assure resources available to fulfill operations.</li> </ul> <p><b>Prior to activation:</b></p> <ul style="list-style-type: none"> <li>➤ Review all work activities of Direct Reports.</li> <li>➤ Ensure PIER system is up and running, with appropriate forms loaded and access provided to operators.</li> <li>➤ Assure PICC activation process with Operations Section Chief.</li> <li>➤ Ensure HMA Logistics Section Chief has initiated communication between community partners such as 211 or Catholic Community Services and other partners brokering resources.</li> </ul> <p><b>During PICC Activation:</b></p> <ul style="list-style-type: none"> <li>➤ Assure current updates about operations and report pertinent information to Operations Section Chief.</li> <li>➤ Compile and present End of Shift Reports.</li> </ul> <p><b>After PICC Activation:</b></p> <ul style="list-style-type: none"> <li>➤ Assure deactivation of PICC activities including holding ultimate accountability for the transition of all continuing cases and contacts to CD-Epi.</li> <li>➤ Prepare After Activation Report to Operations Section Chief.</li> <li>➤ In coordination with Operations Section Chief, plan for possibility of extended or reconvened activation.</li> </ul>			

<b>LOGISTICS SECTION CHIEF RESPONSIBILITIES</b>		
<b>PICC LOCATION &amp; SHIFT:</b>		
<b>REPORTS TO:</b>	Area Commander	(WRITE NAME)
<b>DIRECT REPORTS:</b>		(WRITE NAME)
<b>FUNCTIONAL AREA:</b>	HMAC	
<p><b>Primary Job Responsibilities (as part of regular HMAC duties):</b></p> <ul style="list-style-type: none"> <li>➤ Organize activation, operation, and deactivation of the PICC location, equipment, and supplies.</li> <li>➤ In consultation with Operations Section Chief, manage procurement of medical and non-medical resources for individuals being isolated or quarantined.</li> <li>➤ Participate in planning for activation, deactivation, and redeployment.</li> </ul> <p><b>During all phases of PICC operations:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain communication with PICC Group Supervisor.</li> <li>➤ Assure personnel, supplies, and technology support for PICC operations.</li> <li>➤ Maintain supervision and communication with Direct Reports.</li> </ul> <p><b>Prior to activation</b></p> <ul style="list-style-type: none"> <li>➤ Solve logistics problems in PICC.</li> <li>➤ Identify and report problems to PICC Branch Director.</li> <li>➤ Place potential vendors on standby.</li> <li>➤ In consultation with Operations Section Chief, place community groups on standby to provide non-medical and medical services.</li> </ul> <p><b>During Activation:</b></p> <ul style="list-style-type: none"> <li>➤ Oversee management of resources.</li> <li>➤ In consultation with Operations Section Chief, manage procurement of medical and non-medical resources for individuals being isolated or quarantined.</li> <li>➤ Assure coordination of HMAC for planning, logistics, administration/fiscal support</li> <li>➤ Assure documentation of all actions, orders, and deliveries</li> <li>➤ Compile and present End of Shift Reports</li> </ul> <p><b>After PICC Activation:</b></p> <ul style="list-style-type: none"> <li>➤ Assure disbursement supplies and equipment</li> <li>➤ Coordinate with PICC Case-Contact Lead to assure breakdown of PICC</li> <li>➤ Prepare After Activation Report to PICC Group Supervisor.</li> <li>➤ In coordination with PICC Group Supervisor and PICC Case-Contact Lead, plan for possibility of extended or reconvened activation.</li> </ul>		

OPERATIONS SECTION CHIEF RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Area Commander	(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	HMAC		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ In consultation with Logistics Section Chief, manage procurement of medical and non-medical resources for individuals being isolated or quarantined.</li> </ul> <p><b>During all phases of PICC operations:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain communication with PICC Branch Director</li> <li>➤ Assure operations for isolation and quarantine.</li> <li>➤ Identify and resolve problems, report unresolved problems</li> <li>➤ Assure currency and accuracy of all case and contact data bases including: <ul style="list-style-type: none"> <li>○ CD-Epi and PICC</li> <li>○ PICC and resource procuring organizations</li> </ul> </li> </ul> <p><b>Prior to activation</b></p> <ul style="list-style-type: none"> <li>➤ Establish communication plan with CD-Epi staff and PICC Branch Director.</li> <li>➤ Identify and report problems to Area Commander</li> <li>➤ Work with Logistics Section Chief to assure set up of PICC.</li> <li>➤ Confirm communication with CD-Epi Group Lead.</li> </ul> <p><b>During Activation:</b></p> <ul style="list-style-type: none"> <li>➤ Prepare interim and End of Shift Reports for Area Commander.</li> <li>➤ Consult regarding operations problems, and report unresolved problems.</li> </ul> <p><b>After PICC Activation:</b></p> <ul style="list-style-type: none"> <li>➤ Assure all documentation is intact and forwarded to designated endpoints.</li> <li>➤ Assure breakdown of PICC in coordination with Logistics Section Chief.</li> <li>➤ Assure communication links with community partners and internal HMAC partners are concluded.</li> <li>➤ In coordination with PICC Branch Director and Logistics Section Chief plan for possibility of extended or reconvened activation.</li> </ul>			

CD-EPI LIAISON RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Own supervisor	(WRITE NAME)	
DIRECT REPORTS:	n/a	(WRITE NAME)	
FUNCTIONAL AREA:	Telephone, communication, or on site PICC		
<b>Primary Job Responsibilities:</b> ➤ Provides primary liaison between PICC and HMAC  <b>During activation</b> ➤ Responsible to maintain data base of cases in isolation and contacts in quarantine, for activation, maintenance, and deactivation ➤ Provides communicable disease subject matter expertise			



<b>MEDICAL LIAISON RESPONSIBILITIES</b>			
<b>PICC LOCATION &amp; SHIFT:</b>			
<b>REPORTS TO:</b>	Own supervisor	(WRITE NAME)	
<b>DIRECT REPORTS:</b>	n/a	(WRITE NAME)	
<b>FUNCTIONAL AREA:</b>	Telephone, communication, or on site PICC		
<b>Primary Job Responsibilities:</b> ➤ Provide liaison to PICC for medical and clinical expertise.			
<b>During activation</b> ➤ Provide medical and clinical expertise on consultation basis			

CLINICAL LIAISON RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Own supervisor	(WRITE NAME)	
DIRECT REPORTS:	n/a	(WRITE NAME)	
FUNCTIONAL AREA:	Telephone, communication, or on site PICC		
<b>Primary Job Responsibilities:</b> ➤ Provide liaison PICC and CHS for practice expertise.			
<b>During activation</b> ➤ Provide practice expertise on consultation basis			

LEGAL LIAISON RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Own supervisor	(WRITE NAME)	
DIRECT REPORTS:	n/a	(WRITE NAME)	
FUNCTIONAL AREA:	ODIR; Telephone, communication, or on site PICC or HMAC		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Provide liaison between HMAC and legal team for legal issues for cases in isolation or contacts in quarantine</li> </ul> <p><b>During activation</b></p> <ul style="list-style-type: none"> <li>➤ Provides legal subject matter expertise</li> <li>➤ Consult with HMAC about management of individual persons in isolation or quarantine</li> </ul>			

ENVIRONMENTAL LIAISON RESPONSIBILITIES			
<b>PICC LOCATION &amp; SHIFT:</b>			
<b>REPORTS TO:</b>	Own supervisor	(WRITE NAME)	
<b>DIRECT REPORTS:</b>	n/a	(WRITE NAME)	
<b>FUNCTIONAL AREA:</b>	Telephone, communication, or on site PICC		
<b>Primary Job Responsibilities:</b> ➤ Provide liaison between PICC and Environmental Health  <b>During activation</b> ➤ Provides environmental health expertise on consultation basis			

RESOURCE LEAD RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Logistics Section Chief	(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	PICC		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain the operations to process resource referrals and requests.</li> <li>➤ Responsible for assuring that case and contact needs are met.</li> </ul> <p><b>During all phases of PICC operations:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain and update Daily Brokering Plan with designated Community Resource Provider.</li> <li>➤ Maintain and Communicate Brokering Plan with Direct Reports.</li> <li>➤ Maintain communication with Logistics Section Chief.</li> <li>➤ Identify and report aggregate resource problems to Logistics Section Chief.</li> <li>➤ Establish and maintain communication with designated Community Resource Provider, and other key providers as designated by event</li> <li>➤ Problem solve with Resource Coordinators.</li> </ul> <p><b>Prior to activation:</b></p> <ul style="list-style-type: none"> <li>➤ Initiate Daily Brokering Plan with community partners</li> </ul> <p><b>During activation:</b></p> <ul style="list-style-type: none"> <li>➤ Assure all requests and referrals completed to community resource providers</li> <li>➤ Assure currency and accuracy of PIER and other databases between PICC and Community Resource Broker</li> <li>➤ Assure documentation is completed as to completion of referral or request from community providers according to procedures.</li> <li>➤ Coordinate appropriate procedures for requests and referrals according to activation level and resources.</li> <li>➤ Complete End of Shift, and other interim, reports for Logistics Section Chief</li> </ul> <p><b>After activation:</b></p> <ul style="list-style-type: none"> <li>➤ Assure documentation complete in client notes, other tracking materials and databases</li> <li>➤ Assure completed documentation of fulfillment of request or referral by community resource provider after notification.</li> <li>➤ Assure documentation materials removed from station prior to dismantling.</li> <li>➤ Participate in planning for activation, deactivation, and redeployment.</li> <li>➤ Prepare information for After Activation Report</li> </ul>			

RESOURCE COORDINATOR RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Resource Lead	(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	PICC		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Perform tasks to complete referrals and requests according to Daily Brokering Plan and procedures.</li> </ul> <p><b>During shift:</b></p> <ul style="list-style-type: none"> <li>➤ Receive requests and referrals</li> <li>➤ Complete request and referral process according to Brokering Plan and procedures.</li> <li>➤ Complete documentation of referral or request.</li> <li>➤ Complete documentation of completed by community resource broker including end of day reconciliation.</li> <li>➤ Problem-solve processing requests and referrals.</li> <li>➤ Report resource coordination problems to Resource Lead.</li> <li>➤ Provide information for End of Shift Report</li> </ul>			

PROVIDER RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Operations Section Chief	(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	Field location		
<b>Primary Job Responsibilities:</b> ➤ Perform assigned provider services in the field  <b>During shift:</b> ➤ Maintain communication with Operations Section Chief. ➤ Assure infection control practice according to PHSKC guidelines ➤ Perform health evaluation or treatment as assigned by PICC ➤ Communicate with CD-Epi liaison for referral for field service ➤ Assure that documentation is complete for case or contact ➤ Participate in coordination of health services with appropriate community health providers and other public health provider staff as indicated ➤ Utilize appropriate liaison expertise to manage case or contact needs ➤ Provide information for End of Shift Report			

INTERPRETER RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:		(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	Field location		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Perform interpreter services for PICC activities.</li> </ul> <p><b>During shift:</b></p> <ul style="list-style-type: none"> <li>➤ Provide cultural and language interpretation for cases and contacts receiving field services via telephone, visit, other communication</li> <li>➤ Provide interpretation for education services, such as PPE education, for individuals or groups</li> <li>➤ Report unresolved problems to TBD</li> <li>➤ Utilize appropriate liaison expertise</li> <li>➤ Provide information for End of Shift Report</li> </ul>			



ENVIRONMENTAL HEALTH RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:		(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	Field location		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Perform environmental health services requested or PICC operations.</li> </ul> <p><b>During shift:</b></p> <ul style="list-style-type: none"> <li>➤ Provide environmental health services as assigned by PICC operations, which may include: home assessment</li> <li>➤ Utilize appropriate liaison expertise</li> <li>➤ Provide information or End of Shift Report</li> </ul>			

EDUCATOR RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	(location)Dispatch Lead	(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	Field location		
<b>Primary Job Responsibilities:</b> ➤ Perform education services assigned by PICC operations.			
<b>During shift:</b> ➤ Provide education services to individuals and/or groups ➤ Utilize appropriate liaison expertise to manage case or contact needs ➤ Provide information for End of Shift Report			

DELIVERY ASSISTANT RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:		(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	Field location		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Deliver resources as assigned.</li> </ul> <p><b>During shift:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain communication with (location) Dispatch Lead</li> <li>➤ Deliver resources to designated locations.</li> <li>➤ Identify and report problems.</li> <li>➤ Provide information for End of Shift Report</li> </ul>			

CASE-CONTACT LEAD RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	PICC Branch Supervisor	(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	PICC		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Provides coordination, oversight, and assurance of case and contact monitoring</li> <li>➤ Responsible to assure overall communication with CD-Epi with case or contact specific coordination</li> </ul> <p><b>During all PICC Operations:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain communication with Operations Section Chief</li> <li>➤ Establish, maintain, and coordinate communication with Intake-Discharge, Monitoring, and Health Need Leads</li> <li>➤ Perform activities which assure integrity of isolation and quarantine monitoring including being responsible for: <ul style="list-style-type: none"> <li>○ completion of monitoring for all cases or contacts</li> <li>○ timely and accurate notification to CD-Epi according to monitoring plan requirements</li> <li>○ currency and accuracy of database between CD-Epi and PICC</li> <li>○ assurance of resource referral and requests with Logistics Section Chief</li> <li>○ coordination with (<b>PICC Field Coordination Lead?</b>) to assure provision of monitoring services by field staff</li> </ul> </li> </ul> <p><b>Prior to activation:</b></p> <ul style="list-style-type: none"> <li>➤ Organize work stations with current materials and resources.</li> <li>➤ Orient staff to procedures, protocols, and resources.</li> <li>➤ Assure establishment of database of cases in isolation and contacts in quarantine from CD-Epi</li> </ul> <p><b>During activation:</b></p> <ul style="list-style-type: none"> <li>➤ Provide coordination for Case-contact operations</li> <li>➤ Assure completion of work delegated to PICC according to procedures and protocols <ul style="list-style-type: none"> <li>○ Monitoring</li> <li>○ Triage of medical needs</li> <li>○ Coordination with liaisons</li> </ul> </li> <li>➤ Identify and solve problems in completing case contact monitoring work.</li> <li>➤ Identify and report aggregate problems and report to Operations Section Chief</li> <li>➤ Prepare interim, End of Shift, and other reports for Operations Section Chief</li> </ul> <p><b>After activation:</b></p> <ul style="list-style-type: none"> <li>➤ Close monitoring operations of PICC and assure that case and contact information is directed to appropriate destinations.</li> <li>➤ Participate in planning for activation, deactivation, and redeployment.</li> <li>➤ Prepare information for After Activation Report</li> </ul>			

MONITORING LEAD RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Operations Section Chief (CD-Epi Lead?)	(WRITE NAME)	
DIRECT REPORTS:		(WRITE NAME)	
FUNCTIONAL AREA:	PICC		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Monitoring of case/contacts in isolation or quarantine according to protocols</li> </ul> <p><b>Prior to activation:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain communication with Case-Contact Lead</li> <li>➤ Establish and maintain communication with Health Need and Intake-Discharge Leads.</li> <li>➤ Organize work stations with current materials and resources.</li> <li>➤ Organize and delegate work to ___ Team Monitor Leads when activated</li> </ul> <p><b>During activation:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain communication with Case-Contact Lead</li> <li>➤ Provide point coordination with PICC Field Coordination Lead under direction of Case-Contact Lead for management of cases and contacts being visited at home.</li> <li>➤ Orient and assure Monitors perform tasks according to procedures and protocols</li> <li>➤ Assess and utilize clerical support through coordination with Clerical Lead</li> <li>➤ Assure completion of monitoring work according to procedures and protocols</li> <li>➤ Coordinate with liaisons</li> <li>➤ Identify and solve problems staff have in completing monitoring.</li> <li>➤ Identify and report aggregate resource problems and report to Case-Contact Lead.</li> <li>➤ Prepare interim, end of Shift, and other reports for Case-Contact Lead</li> </ul> <p><b>After activation:</b></p> <ul style="list-style-type: none"> <li>➤ Close monitoring operations of PICC and assure that case and contact information is directed to appropriate destinations.</li> <li>➤ Participate in planning for activation, deactivation, and redeployment.</li> <li>➤ Prepare information for After Activation Report</li> </ul>			

INTAKE-DISCHARGE LEAD RESPONSIBILITIES			
PICC LOCATION & SHIFT:			
REPORTS TO:	Case-Contact Lead	(WRITE NAME)	
DIRECT REPORTS:	Intake-Discharge Coordinator	(WRITE NAME)	
FUNCTIONAL AREA:	PICC		
<p><b>Primary Job Responsibilities:</b></p> <ul style="list-style-type: none"> <li>➤ Orchestrates intake and discharge of case/contacts in/out of isolation or quarantine and with CD-Epi.</li> <li>➤ Maintain database of cases in isolation and contacts in quarantine</li> </ul> <p><b>Prior to activation:</b></p> <ul style="list-style-type: none"> <li>➤ Maintain communication with Case-Contact Lead</li> <li>➤ Establish, maintain, and coordinate communication with Intake-Discharge Coordinators</li> <li>➤ Organize work stations with current materials and resources.</li> </ul> <p><b>During activation:</b></p> <ul style="list-style-type: none"> <li>➤ Keep communication ongoing with Case-Contact Lead</li> <li>➤ Provide point coordination with Field Coordination Lead under direction of Case-Contact Lead for management of cases and contacts being visited at home.</li> <li>➤ Orient Intake-Discharge Coordinators.</li> <li>➤ Assure completion of work delegated to PICC according to procedures and protocols</li> <li>➤ Coordinate with liaisons to manage entry and exit from isolation or quarantine</li> <li>➤ Coordinate with facilities liaisons when in operation</li> <li>➤ Identify and solve problems Intake-Discharge Coordinators have in completing procedures.</li> <li>➤ Identify and report aggregate resource problems and report to PICC Case-Contact Lead and Resource Lead as directed</li> <li>➤ Prepare interim, End of Shift, and other reports for Case-Contact Lead</li> </ul> <p><b>After activation:</b></p> <ul style="list-style-type: none"> <li>➤ Close monitoring operations of PICC and assure that case and contact information is directed to appropriate destinations.</li> <li>➤ Participate in planning for activation, deactivation, and redeployment.</li> <li>➤ Prepare information for After Activation Report</li> </ul>			

## ALL STAFF RESPONSIBILITIES

### Reporting for shift

- ☐ Receive briefing
- ☐ Review instructions, become familiar with primary tasks and reporting structure
- ☐ Obtain and don PPE appropriately if indicated for work environment
- ☐ Put on identification and introduce self to Lead and other staff in assigned area
- ☐ Sign in, complete credential verification, as indicated from call up and job assignment
- ☐ Follow Incident Command Structure (ICS)

### During Operation

- ☐ If setting up, or breaking down work area, follow directions from Lead
- ☐ Report critical issues or concern to Lead
- ☐ Assure the privacy, confidentiality, and security of all protected health information
- ☐ Assure compliance with media policy
- ☐ Maintain Universal Precautions and other infection control precautions when indicated

### After shift

- ☐ Report any changes to protocols to Lead
- ☐ Participate in debrief if indicated
- ☐ Participate in plan for possible extended operation , if indicated
- ☐ Dispose of PPE according to protocols
- ☐ Complete and submit time sheet

## ALL SUPERVISOR RESPONSIBILITIES

### Reporting for shift

- ☐ Receive briefing
- ☐ Review instructions, become familiar with primary tasks and reporting structure
- ☐ Meet with and brief your Direct Reports
- ☐ Obtain and don PPE appropriately as indicated for work environment
- ☐ Put on identification and introduce self to Lead and other staff in assigned area
- ☐ Sign in, complete credential verification, as indicated from call up and job assignment
- ☐ Follow Incident Command Structure (ICS)

### During Operation

- ☐ If setting up, or breaking down work area, follow directions from Lead
- ☐ Report critical issues or concern to Lead
- ☐ Assure the privacy, confidentiality, and security of all protected health information
- ☐ Assure compliance with media policy
- ☐ Maintain Universal Precautions and other infection control precautions when indicated

### After shift

- ☐ Report any changes to protocols to Lead
- ☐ Participate in debrief if indicated
- ☐ Participate in plan for possible extended operation , if indicated
- ☐ Dispose of PPE according to protocols
- ☐ Complete and submit time sheet



## Concept Paper: Medical/Health Services during IQRC Activation

### Purpose:

The intent of this draft concept paper is to outline how PHSKC will address health care needs of persons in isolation or quarantine during Isolation and Quarantine Response Center (IQRC) activation for surge capacity.

### Clarification:

- This is a statement subsequent to the meeting of January 19, 2005.
- After revisions and reviews, and final approvals, this paper will evolve to a white paper which will be included in the Isolation and Quarantine Plan.
- It will be subject to change from the impact of other PHSKC planning and operations and community partner memoranda of agreement or understanding. Therefore, it will need a regular review and update process.

### Goals:

- Mitigate and minimize exposure to the community from infected individuals
- Assure that PHSKC addresses health care needs of isolated or quarantine individuals as outlined in WAC 246-100-045
- Promote equitable allocation of health care resources to the community during a time of probable high utilization of health care in the community.

### Currently Noted Open Issues:

- Practice, supervision, and oversight of field staff providing any clinical service at IQRC request is in compliance with PHSKC policy and protocol
- Event-specific tools outlining algorithms, protocols, and resources will be developed, for example: how to access care; coordination relationships with first responders and receiving facilities for emergent services
- Skill levels, and the requisite training, of field staff need to be commensurate with the anticipated need of service provision
- Other

### Process:

When an individual who is a case or contact **has** a health care professional (HCP):

- and **there is a need for emergent care:**
  1. The IQRC will support accessing emergent care by:
    - A. Supporting the individual to follow their plan for emergent care with their HCP
    - B. Coordinate with EMS triage to help individual access emergent care according to protocol.
  2. The IQRC will provide information to the person regarding infection control when accessing medical services through:
    - A. Education:
      - i At the time of making arrangements to seek care, through 911 or contact with HCP, the individual should tell HCP and/or their staff and emergency responders of his/her communicable disease status and precautions which are needed to prevent transmission.

- ii Provision of appropriate public health phone numbers and communicable disease web-site information for HCPs and individuals.
- 3. The IQRC will communicate with Communicable Disease about individual's health status and the plan to access medical services to facilitate further surveillance.
- **or there is a need for urgent, usually-needed, or evaluation services in an ambulatory setting** (e.g. chronic disease monitoring; evaluation of acute illness, such as UTI):
  - 1. The IQRC will support people by directing them to contact their HCPs.
  - 2. The IQRC will provide information to the person regarding infection control when accessing medical services through:
    - A. Education:
      - i At the time of making arrangements to seek care, the individual should tell HCP and/or their staff and emergency responders of his/her communicable disease status and precautions which are needed to prevent transmission.
      - ii Encourage person to consult with their HCP regarding the anticipated level of care
    - B. Provision of appropriate public health phone numbers and communicable disease web-site information for HCPs and individuals.
  - 3. The IQRC will communicate with Communicable Disease about individual's health status and the plan to access medical services to facilitate further surveillance.

In the circumstance in which the case or contact does **not** have a HCP:

- **and there is a need for emergent care:**
  - 1. The IQRC will assist with:
    - A. How to access care according to current protocol.
    - B. Coordinate with EMS triage to help individual access emergent care according to protocol.
    - C. The IQRC will provide information to the person regarding infection control when accessing medical services through:
      - i Education:
        - (a) At the time of making arrangements to seek care, through 911 or contact with HCP, the individual should tell the HCP and/or their staff and emergency responders of his/her communicable disease status and precautions which are needed to prevent transmission.
        - ii Provision of appropriate public health phone numbers and communicable disease web-site information for HCPs and individuals.
    - D. The IQRC will communicate with Communicable Disease about individual's health status and the plan to access medical services to facilitate further surveillance.
- **or there is a need for urgent, usually-needed, or evaluation services in an ambulatory setting** (e.g. chronic disease monitoring; evaluation of acute illness, such as UTI):
  - 1. the IQRC will assist with:
    - A. How to access care
      - (a) Referral to access care from participating community HCPs (according to current plan protocols)
      - (b) Refer to HCPs who can offer HCP ordered home care services.
      - (c) Utilize PHSKC services, such as:

- PHSKC clinic services for primary care
  - Services provided by PHSKC in the home by HCP.
  - Nursing services, per requisite HCP order, provided by PHSKC. (Home care model)
- (d) Utilize other services for health care available during the event (such as specialized clinics or facilities for communicable disease, as may be available per other planning.)
- B.** The IQRC will provide information to the person regarding infection control when accessing medical services through:
  - i Education:
    - (a) The individual should tell HCP and/or their staff and emergency responders of his/her communicable disease status and precautions which are needed to prevent transmission.
  - ii Provision of appropriate public health phone numbers and communicable disease web-site information for HCPs and individuals.
- C.** The IQRC will communicate with Communicable Disease about individual's health status and the plan to access medical services to facilitate further surveillance as per monitoring protocols.

## ACKNOWLEDGEMENT OF TUBERCULOSIS COUNSELING

I, \_\_\_\_\_, have been advised and counseled by  
(Client's Name)

\_\_\_\_\_ regarding tuberculosis.  
(Public Health Designee's Name)

The following has been explained to me:

- Tuberculosis (TB) can spread to others through the air.
- Without treatment, TB can cause severe illness, permanent disability, and death.
- TB treatment usually requires at least 6 months. In some cases, it might require 12 months or longer.
- I must take TB medications for my health and the health of others. It is so important that there is an outreach worker assigned to deliver those medications to me and observe me taking them (Directly Observed Therapy) during the initial phase of my treatment.
  - ✓ I may choose where I get Directly Observed Therapy (for example, home, work or the TB Clinic).
  - ✓ It is my responsibility to be available for Directly Observed Therapy.
- I will be considered infectious until the TB Control Program informs me that I am no longer infectious. Even after I am no longer infectious and no longer feeling ill, I must complete the entire course of treatment to be cured. Once I am no longer infectious, I may be moved from DOT to Observed Therapy (for example, PH Pharmacy, videophone, web-based technology).
- While I am considered infectious, it is important to isolate myself until the TB Control Program gives me clearance. This is to avoid spreading TB to other people.
  - ✓ I need to stay in the place of residence approved by the TB Control Program.
  - ✓ I must not change my place of residence without obtaining approval from the TB Control Program.
  - ✓ While I am in isolation, I agree to see only persons who have been cleared by the TB Control Program.
  - ✓ If I have to see anyone who has not been cleared by the TB Control Program, I must see them out of doors.
  - ✓ I should not visit homes of others, churches, schools, work places, or other public or private places where I would be in contact with other persons.
  - ✓ If I need to go to a store, a laundry, or a medical facility, or use a bus or a taxi because of special circumstances, I must obtain an approval from my nurse case manager and I must wear a mask provided by the TB Control Program and limit my presence with other people to less than 60 minutes.

\*\*\* This is a permanent part of the health record \*\*\*

### ACKNOWLEDGEMENT OF COUNSELING: TB

**Public Health**  
**Seattle & King County**



Tuberculosis Control Program  
Public Health – Seattle & King County  
Harborview Medical Center  
325 9<sup>th</sup> Ave. PO Box 359776  
Seattle, WA 98104  
Phone: 206.744.4579  
FAX: 206.744.4350

Client Name:

HR#:

D.O.B.:

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- I agree to follow medical evaluations to make sure that my TB is getting cured and I am not having side effects from TB medications. This includes keeping all of my appointments, cooperating with symptom review during therapy, and submitting to blood, sputum and X-ray examinations.
- I agree to communicate with my nurse case manager, especially if I have any side effects or problems with TB medications.
- I agree to assist the TB Control Program to identify my contacts.
- I agree to follow the advice and instructions given by the TB Control Program and realize that there will be legal consequences if I fail to comply. I understand that state law allows the Tuberculosis Control Program to initiate involuntary detention when persons with TB fail to comply with treatment plans or isolation directives.
- I have had an opportunity to ask questions and have my questions answered.

\_\_\_\_\_  
(Client's or Legal Guardian's Signature/relationship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Public Health Designee's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Interpreter's Signature)

\_\_\_\_\_  
Date

☐ Copy given to the client

\*\*\* This is a permanent part of the health record \*\*\*

#### ACKNOWLEDGEMENT OF COUNSELING: TB

**Public Health**  
Seattle & King County



Tuberculosis Control Program  
Public Health – Seattle & King County  
Harborview Medical Center  
325 9<sup>th</sup> Ave. PO Box 359776  
Seattle, WA 98104  
Phone: 206.744.4579  
FAX: 206.744.4350

Client Name:

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